

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400414533

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34773-00

6. County: WELD

7. Well Name: DYER USX AB

Well Number: 35-68-1HN

8. Location: QtrQtr: NENE Section: 34 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 352 feet Direction: FNL Distance: 296 feet Direction: FEL

As Drilled Latitude: 40.536060 As Drilled Longitude: -104.527820

GPS Data:

Data of Measurement: 04/10/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 980 feet. Direction: FNL Dist.: 909 feet. Direction: FWL

Sec: 35 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1001 feet. Direction: FNL Dist.: 534 feet. Direction: FEL

Sec: 35 Twp: 7N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/09/2012 13. Date TD: 03/17/2012 14. Date Casing Set or D&A: 03/17/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11361 TVD** 6936 17 Plug Back Total Depth MD 11349 TVD** 6924

18. Elevations GR 4871 KB 4895

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/GRL/CCL/VDL, Gamma

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+0/0	16+0/0	75.00	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	840	352	0	840	VISU
1ST	8+3/4	7+0/0	26.00	0	7,396	605	0	7,396	CALC
1ST LINER	6+1/8	4+1/2	11.60	7274	11,351	0			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,794		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,850		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,624		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,278		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,017		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400414682	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400414683	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400414623	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414625	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414633	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414636	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414689	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)