

**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



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Document Number:

400416977

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34658-00

6. County: WELD

7. Well Name: NIX P

Well Number: 28-69HN

8. Location: QtrQtr: NWNE Section: 28 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 468 feet Direction: FNL Distance: 1987 feet Direction: FEL

As Drilled Latitude: 40.202710 As Drilled Longitude: -104.893020

## GPS Data:

Date of Measurement: 01/09/2013 PDOP Reading: 5.7 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 98 feet. Direction: FNL Dist.: 1288 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 113 feet. Direction: FNL Dist.: 2099 feet. Direction: FWL

Sec: 27 Twp: 3N Rng: 67W

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) 09/25/2012 13. Date TD: 10/02/2012 14. Date Casing Set or D&amp;A: 10/03/2012

## 15. Well Classification:

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

16. Total Depth MD 10953 TVD\*\* 7054 17 Plug Back Total Depth MD 10937 TVD\*\* 7038

18. Elevations GR 4794 KB 4918

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, MWD

## 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	16	75	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	665	322	0	665	VISU
1ST	8+3/4	7	26	0	7,423	620	1,600	7,423	CALC
1ST LINER	6+1/8	4+1/2	11.6	7279	10,938	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	2,791		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,588		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,211		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,651		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,236		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,060		<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: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400417036	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400417037	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>					
400417030	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417031	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417033	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417034	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417040	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)