

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:
400426243

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: EILEEN ROBERTS
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-34704-00
6. County: WELD
7. Well Name: CARGO Well Number: G19-67HC
8. Location: QtrQtr: NWNW Section: 19 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 1185 feet Direction: FNL Distance: 280 feet Direction: FWL
As Drilled Latitude: 40.302060 As Drilled Longitude: -104.714520

GPS Data:
Date of Measurement: 12/03/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1659 feet. Direction: FNL Dist.: 937 feet. Direction: FWL
Sec: 19 Twp: 4N Rng: 65W
** If directional footage at Bottom Hole Dist.: 1649 feet. Direction: FNL Dist.: 534 feet. Direction: FEL
Sec: 19 Twp: 4N Rng: 65W

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) 12/25/2012 13. Date TD: 01/04/2013 14. Date Casing Set or D&A: 01/06/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11629 TVD** 7154 17 Plug Back Total Depth MD 11612 TVD** 7137

18. Elevations GR 4728 KB 4744
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, 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	26+0/0	20+0/0	84.00	0	100	72	0	100	VISU
SURF	13+3/4	9+5/8	36.00	0	574	335	0	574	VISU
1ST	8+3/4	7+0/0	26.00	0	7,605	628	790	7,605	CALC
1ST LINER	6+1/8	4+1/2	11.60	7452	11,614	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	2,344		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,135		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,857		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,873		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,152		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,192		<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>			
400426323	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400426308	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426327	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426345	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)