

FORM
5Rev
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:

1915133

Date Received:

09/26/2007

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: ANDREA RAWSON

2. Name of Operator: NOBLE ENERGY INC

Phone: (281) 876-6105

3. Address: 100 GLENBOROUGH STE 100

Fax: (281) 876-2503

City: HOUSTON State: TX Zip: 77067

5. API Number 05-123-27280-00

6. County: WELD

7. Well Name: THOMSON B

Well Number: 12-25

8. Location: QtrQtr: NESW Section: 12 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1371 feet Direction: FSL Distance: 1412 feet Direction: FWL

As Drilled Latitude: 40.410190 As Drilled Longitude: -104.503100

GPS Data:

Data of Measurement: 02/28/2007 PDOP Reading: 1.8 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 11/22/2006 13. Date TD: 11/26/2006 14. Date Casing Set or D&A: 11/26/2006

15. Well Classification:

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

16. Total Depth MD 6852 TVD** 17 Plug Back Total Depth MD 6817 TVD**

18. Elevations GR 4595 KB 4607

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:

GR/CCL/CBL, CDL/CNL/ML, DIL/GR

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
SURF	12+1/4	8+5/8		0	498	390	0	498	
1ST	7+7/8	4+1/2		0	6,833	930	1,958	6,852	CBL

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	
PARKMAN	3,428		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,132		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,784		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,398		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,664		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,687		<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: Y _____ Print Name: ANDREA RAWSON _____

Title: REGULATORY SPECIALIST Date: 8/30/2007 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)