

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:

1667435

Date Received:

03/31/2010

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 RASWSON

2. Name of Operator: NOBLE ENERGY INC

Phone: (281) 876-6105

3. Address: 1625 BROADWAY STE 2200 AT

Fax: (281) 876-2503

City: DENVER State: CO Zip: 80202

5. API Number 05-123-29614-00

6. County: WELD

7. Well Name: OPATRIL P

Well Number: 12-24

8. Location: QtrQtr: NWSE Section: 12 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FSL Distance: 2515 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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) 11/12/2009 13. Date TD: 11/15/2009 14. Date Casing Set or D&A: 11/15/2009

15. Well Classification:

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

16. Total Depth MD 7928 TVD** 17 Plug Back Total Depth MD 7880 TVD**

18. Elevations GR 4778 KB 4791

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/GR/CCL,DSN/SD/AC/TR

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	572	282	0	572	
1ST	7+7/8	4+1/2		0	7,924	800	940	7,924	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	
NIOBRARA	7,014		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,272		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,360		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,650		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,699		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,715		<input type="checkbox"/>	<input type="checkbox"/>	
J-3 SAND	7,730		<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: 3/10/2010 Email: ARAWSON@NOBLEENERGYINC.COM

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

User Group Comment Comment Date

--	--	--

Total: 0 comment(s)