

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:
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 ?	
Attachment Checklist			
	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**

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Total: 0 comment(s)