

FORM
5
Rev
09/14

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:
401913168

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

OGCC Operator Number: <u>100322</u>	Contact Name: <u>LOGAN BOUGHAL</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(832) 6397447</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	

API Number <u>05-123-18374-00</u>	County: <u>WELD</u>
Well Name: <u>DOS RIOS</u>	Well Number: <u>33-10H6</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>33</u> Township: <u>5N</u> Range: <u>66W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1816</u> feet Direction: <u>FSL</u> Distance: <u>2079</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.354072</u> As Drilled Longitude: <u>-104.782540</u>	

GPS Data:
Date of Measurement: 06/27/2007 PDOP Reading: 1.7 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: _____

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 66649

Spud Date: (when the 1st bit hit the dirt) 07/16/1994 Date TD: 07/20/1994 Date Casing Set or D&A: 07/20/1994
Rig Release Date: 07/21/1994 Per Rule 308A.b.

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

Total Depth MD <u>7314</u> TVD** _____	Plug Back Total Depth MD <u>7289</u> TVD** _____
Elevations GR <u>4728</u> KB <u>4738</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
CBL/CCL, GYRO, MWD

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	17	0	427	204	0	427	VISU
1ST	6+1/4	3+1/2	7.7	0	7,313	291	4,132	7,313	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS	230				
PIERRE	366				
PARKMAN	3,622				
SUSSEX	4,101				
SHANNON	4,743				
NIOBRARA	6,827				
FORT HAYS	7,148				
CODELL	7,171				
CARLILE	7,189				
GREENHORN	7,252				

Comment:

NO FORM 5 WAS ON FILE WITH STATE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II Date: _____ Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401913214	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 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>
		Stamp Upon Approval

Total: 0 comment(s)

