

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400209605

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: SUSAN MILLER

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4246

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33511-00

6. County: WELD

7. Well Name: CARMIN USX

Well Number: CC05-17D

8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 2085 feet Direction: FSL Distance: 511 feet Direction: FEL

As Drilled Latitude: 40.339530 As Drilled Longitude: -104.454320

GPS Data:

Date of Measurement: 07/06/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1500 feet. Direction: FNL Dist.: 1140 feet. Direction: FEL

Sec: 5 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1500 feet. Direction: FNL Dist.: 1140 feet. Direction: FEL

Sec: 5 Twp: 4N Rng: 63W

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) 06/14/2011 13. Date TD: 06/18/2011 14. Date Casing Set or D&A: 06/19/2011

15. Well Classification:

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

16. Total Depth MD 7925 TVD** 7526 17 Plug Back Total Depth MD 7872 TVD** 7472

18. Elevations GR 4654 KB 4667

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:

Spectral Density/Pe/DSN Neutron/SP/Array Compensated True Resistivity, Spectral Gamma Ray, CBL/CCL/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	24	0	657	222	0	657	CALC
1ST	7+7/8	4+1/2	11.6	0	7,912	680	870	7,912	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref 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	6,675		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,962		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,985		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,062		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,382		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,428		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,442		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,683		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: SUSAN MILLER

Title: Regulatory Analyst Date: 10/13/2011 Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400214944	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400214297	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400209605	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400214289	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400214291	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400214295	LAS-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC HARD COPY LOGS DOC# 1671018-19, IN SCANNING	10/20/2011 10:40:47 AM

Total: 1 comment(s)