

FORM
5Rev
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:

400250256

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34206-00

6. County: WELD

7. Well Name: Ritchey USX

Well Number: WW27-19D

8. Location: QtrQtr: NWSW Section: 27 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 2014 feet Direction: FSL Distance: 695 feet Direction: FWL

As Drilled Latitude: 40.020490 As Drilled Longitude: -104.770250

GPS Data:

Date of Measurement: 11/01/2011 PDOP Reading: 3.8 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1400 feet. Direction: FNL Dist.: 1200 feet. Direction: FWL

Sec: 27 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1400 feet. Direction: FNL Dist.: 1201 feet. Direction: FWL

Sec: 27 Twp: 1N Rng: 66W

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) 09/26/2011 13. Date TD: 09/30/2011 14. Date Casing Set or D&A: 10/01/2011

15. Well Classification:

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

16. Total Depth MD 8656 TVD** 8273 17 Plug Back Total Depth MD 8601 TVD** 8218

18. Elevations GR 5114 KB 5127

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/GRL/CCL, CDL/CNL/ML, HRIL.

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	24.00	13	1,463	551	0	1,473	
1ST	7+7/8	4+1/2	11.60	13	8,646	810	2,010	8,646	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	7,654		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,038		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,059		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,158		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,432		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,477		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,495		<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: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400250259	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400250260	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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400250262	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)