

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:

400260698

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

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 05-123-33674-00 6. County: WELD
7. Well Name: DONALDSON USX Well Number: EE29-12D
8. Location: QtrQtr: SWNW Section: 29 Township: 7N Range: 65W Meridian: 6
Footage at surface: Distance: 1343 feet Direction: FNL Distance: 347 feet Direction: FWL
As Drilled Latitude: 40.549550 As Drilled Longitude: -104.695330

GPS Data:

Data of Measurement: 10/05/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2009 feet. Direction: FSL Dist.: 682 feet. Direction: FWL
Sec: 29 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2009 feet. Direction: FSL Dist.: 682 feet. Direction: FWL
Sec: 29 Twp: 7N Rng: 65W

9. Field Name: EATON 10. Field Number: 19350
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/23/2011 13. Date TD: 09/26/2011 14. Date Casing Set or D&A: 09/24/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7901 TVD** 7502 17 Plug Back Total Depth MD 7851 TVD** 7452

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:

Cement Bond Log. NO OPEN HOLE LOGS RUN.

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	710	271	0	710	CALC
1ST	7+7/8	4+1/2	11.6	0	7,901	650	1,760	7,901	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	7,414		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,733		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

NO OPEN HOLE LOGS WERE RUN. THE CODELL FORMATION IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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 III

Date:

Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400264331	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400260733	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"/>
400260727	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400260724	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400261175	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)