

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



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Document Number:
400267800

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: 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 05-123-34570-00 6. County: WELD
 7. Well Name: Watkins Well Number: C12-23D
 8. Location: QtrQtr: NWSE Section: 12 Township: 4N Range: 64W Meridian: 6
 Footage at surface: Distance: 1377 feet Direction: FSL Distance: 2509 feet Direction: FEL
 As Drilled Latitude: 40.323450 As Drilled Longitude: -104.498650

GPS Data:
 Date of Measurement: 01/05/2012 PDOP Reading: 3.2 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1390 feet. Direction: FSL Dist.: 1025 feet. Direction: FEL
 Sec: 12 Twp: 4N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 1389 feet. Direction: FSL Dist.: 1026 feet. Direction: FEL
 Sec: 12 Twp: 4N Rng: 64W

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) 12/10/2011 13. Date TD: 12/13/2011 14. Date Casing Set or D&A: 12/14/2011

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

16. Total Depth MD 7170 TVD** 6886 17 Plug Back Total Depth MD 7112 TVD** 6828

18. Elevations GR 4627 KB 4641 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/VDL, 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+3/4	8+5/8	24.00	14	1,078	393	0	1,085	
1ST	7+7/8	4+1/2	11.60	14	7,155	570	1,840	7,155	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	6,722		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,973		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,993		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,065		<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>			
400267839	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400267840	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>			
400267835	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267837	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268302	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)