

FORM  
5Rev  
02/08

## 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:

2288049

Date Received:

03/21/2012

## 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) 228-4330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-30880-00

6. County: WELD

7. Well Name: STROHAUER F

Well Number: 33-32D

8. Location: QtrQtr: NESE Section: 32 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 1964 feet Direction: FSL Distance: 577 feet Direction: FEL

As Drilled Latitude: 40.353872 As Drilled Longitude: -104.679936

## GPS Data:

Data of Measurement: 02/16/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2584 feet. Direction: FSL Dist.: 68 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2585 feet. Direction: FSL Dist.: 64 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 65W

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) 02/08/2010 13. Date TD: 02/11/2010 14. Date Casing Set or D&amp;A: 02/13/2010

## 15. Well Classification:

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

16. Total Depth MD 7844 TVD\*\* 7761 17 Plug Back Total Depth MD 7782 TVD\*\* 7699

18. Elevations GR 4666 KB 4679

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/GR/CCL, PEL/AIL/LCL

## 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	32	0	573	399	0	573	VISU
1ST	7+7/8	4+1/2	11.6	0	7,827	190	6,219	7,827	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,492	430	1,810	5,502
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	6,827		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,128		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,151		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,237		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,604		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,623		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2288048

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 Date: 6/10/2010 Email: EROBERTS@NOBLEENERGYINC.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2113634	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2113635	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>					
2288049	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)