

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:

400292430

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32573-00

6. County: WELD

7. Well Name: NCLP PC AA

Well Number: 08-18D

8. Location: QtrQtr: CNW Section: 8 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1420 feet Direction: FNL Distance: 1320 feet Direction: FWL

As Drilled Latitude: 40.504440 As Drilled Longitude: -104.465530

GPS Data:

Data of Measurement: 04/20/2011 PDOP Reading: 4.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1301 feet. Direction: FNL Dist.: 2515 feet. Direction: FEL

Sec: 8 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1326 feet. Direction: FNL Dist.: 2527 feet. Direction: FEL

Sec: 8 Twp: 6N 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) 04/09/2011 13. Date TD: 04/14/2011 14. Date Casing Set or D&A: 04/10/2011

15. Well Classification:

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

16. Total Depth MD 7195 TVD** 6953 17 Plug Back Total Depth MD 7137 TVD** 6895

18. Elevations GR 4703 KB 4717

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:

SDL/PEL/DSN/NL/SPL/ARRAY COMP TRUE RESISTIVITY
SGRL
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	14	580	243	14	580	
1ST	7+7/8	4+1/2	11.6	14	7,190	580	845	7,190	

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	
SUSSEX	4,579	4,379	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,136	4,906	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,756	6,514	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,042	6,800	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,059	6,817	<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: _____

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400292867	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400297739	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>					
400292859	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400292860	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400293082	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)