

FORM
5
Rev
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:
400275894

Date Received:
05/02/2012

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: Tania McNutt
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33875-00 6. County: WELD
7. Well Name: DRAKE PC Well Number: MM14-08D
8. Location: QtrQtr: NWSE Section: 14 Township: 7N Range: 67W Meridian: 6
Footage at surface: Distance: 1831 feet Direction: FSL Distance: 1870 feet Direction: FEL
As Drilled Latitude: 40.571920 As Drilled Longitude: -104.857610

GPS Data:
Date of Measurement: 10/05/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1940 feet. Direction: FNL Dist.: 739 feet. Direction: FEL
Sec: 14 Twp: 7N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1933 feet. Direction: FNL Dist.: 752 feet. Direction: FEL
Sec: 14 Twp: 7N Rng: 67W

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) 09/09/2011 13. Date TD: 09/13/2011 14. Date Casing Set or D&A: 09/15/2011

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

16. Total Depth MD 7887 TVD** 7463 17 Plug Back Total Depth MD 7859 TVD** 7435

18. Elevations GR 5003 KB 5019 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

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	16	602	243	0	602	CALC
1ST	7+7/8	4+1/2	11.6	16	7,882	640	2,674	7,882	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
PARKMAN	3,830		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,642		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,015		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,752		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,774		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: 5/2/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400279768	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400279770	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"/>
400279773	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400275894	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400275932	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279766	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)