

**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:

400315313

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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31702-00

6. County: WELD

7. Well Name: KERN L

Well Number: 04-32D

8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1990 feet Direction: FNL Distance: 587 feet Direction: FWL

As Drilled Latitude: 40.255450 As Drilled Longitude: -104.789790

GPS Data:

Date of Measurement: 03/21/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2485 feet. Direction: FNL Dist.: 94 feet. Direction: FWL

Sec: 4 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2482 feet. Direction: FNL Dist.: 102 feet. Direction: FWL

Sec: 4 Twp: 3N Rng: 66W

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) 03/09/2012 13. Date TD: 03/12/2012 14. Date Casing Set or D&A: 03/12/2012

15. Well Classification:

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

16. Total Depth MD 8032 TVD** 7958 17 Plug Back Total Depth MD 7955 TVD** 7881

18. Elevations GR 4794 KB 4807

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:

Triple Combo, 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	0	741	293	0	741	
1ST	7+7/8	4+1/2	11.6	0	8,022	690	1,920	8,022	

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	3,870		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,487		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,915		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,237		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,779		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,054		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,344		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,369		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,386		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,419		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	7,647		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,751		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,800		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,815		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	7,912		<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: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400315330	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400315325	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>					
400315326	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315327	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315328	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)