

**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



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Document Number:
400316102

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: Sarah Finnegan
2. Name of Operator: NOBLE ENERGY INC	Phone: (720) 587-2265
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-31615-00	6. County: WELD
7. Well Name: REI H	Well Number: 17-32D
8. Location: QtrQtr: NESW Section: 17 Township: 3N Range: 65W Meridian: 6	
Footage at surface: Distance: 1930 feet Direction: FSL	Distance: 1639 feet Direction: FWL
As Drilled Latitude: 40.223480	As Drilled Longitude: -104.690970

GPS Data:

Data of Measurement: 04/11/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2509 feet. Direction: FNL Dist.: 99 feet. Direction: FWL

Sec: 17 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2511 feet. Direction: FNL Dist.: 113 feet. Direction: FWL

Sec: 17 Twp: 3N 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) 03/26/2012 13. Date TD: 03/30/2012 14. Date Casing Set or D&A: 03/31/2012

15. Well Classification:

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

16. Total Depth MD 8294 TVD** 7959 17 Plug Back Total Depth MD 8241 TVD** 7906

18. Elevations GR 4919 KB 4932

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, Triple Combo

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	24.00	0	745	257	0	755	CALC
1ST	7+7/8	4+1/2	11.60	0	8,286	760	6,492	8,294	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	
PIERRE	2,970		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,110		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,750		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,320		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,359		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,598		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,620		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,064		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,078		<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: Sarah Finnegan

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400316153	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400316152	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>					
400316147	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400316148	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400316150	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)