

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:

400284458

Date Received:

05/22/2012

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) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33443-00

6. County: WELD

7. Well Name: SATER

Well Number: C25-69HN

8. Location: QtrQtr: SESE Section: 23 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 357 feet Direction: FSL Distance: 156 feet Direction: FEL

As Drilled Latitude: 40.291690 As Drilled Longitude: -104.509060

GPS Data:

Data of Measurement: 11/11/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 135 feet. Direction: FSL Dist.: 788 feet. Direction: FWL

Sec: 24 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 71 feet. Direction: FSL Dist.: 681 feet. Direction: FEL

Sec: 24 Twp: 4N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 70-7889-S

12. Spud Date: (when the 1st bit hit the dirt) 10/03/2011 13. Date TD: 10/10/2011 14. Date Casing Set or D&A: 10/13/2011

15. Well Classification:

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

16. Total Depth MD 10664 TVD** 6574 17 Plug Back Total Depth MD 10640 TVD** 6550

18. Elevations GR 4674 KB 4698

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:

GRL/CCL/CBL/VDL.

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
CONDUCTOR	18+1/2	16+0/0	84.00	24	125	349	0	125	CALC
SURF	13+3/4	9+5/8	36.00	24	666	350	0	677	CALC
1ST	8+3/4	7+0/0	26.00	24	6,976	565	1,030	6,986	CBL
1ST LINER	6+1/8	4+1/2	11.60	6812	10,649				

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	
SUSSEX	4,223		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,825		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,524		<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: Eileen Roberts

Title: Regulatory Specialist Date: 5/22/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400286007	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400286008	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>					
400284458	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400284519	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286011	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)