

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:

400323274

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 05-123-34680-00

6. County: WELD

7. Well Name: HOFFMAN C

Well Number: 02-33D

8. Location: QtrQtr: NESW Section: 2 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 2391 feet Direction: FSL Distance: 2385 feet Direction: FWL

As Drilled Latitude: 40.340750 As Drilled Longitude: -104.518500

GPS Data:

Date of Measurement: 03/22/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1286 feet. Direction: FSL Dist.: 125 feet. Direction: FEL
Sec: 3 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1282 feet. Direction: FSL Dist.: 138 feet. Direction: FEL
Sec: 3 Twp: 4N Rng: 64W

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) 04/11/2012 13. Date TD: 04/16/2012 14. Date Casing Set or D&A: 04/17/2012

15. Well Classification:

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

16. Total Depth MD 7718 TVD** 6906 17 Plug Back Total Depth MD 7663 TVD** 6850

18. Elevations GR 4620 KB 4633

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:

DIL/GR/SP/Caliper
Caliper/Comp. Density/Neutron/GP/SP/ML
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	13	711	229	13	229	
1ST	7+7/8	4+1/2	11.6	980	7,709	680	980	7,709	

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	
SHANNON			<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	2,669		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,887		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,680		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,252		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,538		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LOGS COMING WITH THE FORM 10 UNDER SEPARATE COVER.

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>					
400326753	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400326760	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>					
400326757	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326762	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326763	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)