

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:

400304470

Date Received:

07/16/2012

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: EILEEN ROBERTS  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-34263-00  
6. County: WELD  
7. Well Name: NORTHRUP C Well Number: 08-75HN  
8. Location: QtrQtr: NWNE Section: 8 Township: 4N Range: 64W Meridian: 6  
Footage at surface: Distance: 289 feet Direction: FNL Distance: 1854 feet Direction: FEL  
As Drilled Latitude: 40.333350 As Drilled Longitude: -104.571650

GPS Data:  
Date of Measurement: 01/05/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 529 feet. Direction: FNL Dist.: 2658 feet. Direction: FEL  
Sec: 8 Twp: 4N Rng: 64W  
\*\* If directional footage at Bottom Hole Dist.: 1270 feet. Direction: FSL Dist.: 2577 feet. Direction: FEL  
Sec: 8 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) 10/21/2011 13. Date TD: 11/03/2011 14. Date Casing Set or D&A: 11/05/2011

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

16. Total Depth MD 10667 TVD\*\* 6871 17 Plug Back Total Depth MD 10650 TVD\*\* 6870

18. Elevations GR 4764 KB 4777  
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/GRL/CCL/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	0	124	6	0	124	CALC
SURF	13+3/4	9+5/8	36.00	0	661	378	0	661	VISU
1ST	8+3/4	7+0/0	26.00	0	7,241	660	1,964	7,241	CBL
1ST LINER	6+1/8	4+1/2	11.60	7138	10,652				

**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	4,348		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,873		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,830		<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: 7/16/2012 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400304807	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400305956	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400304470	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305960	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Off Hold. Input corrected production footages per operator.	9/13/2012 3:39:49 PM
Permit	On Hold requested production footages.	9/13/2012 8:11:12 AM

Total: 2 comment(s)