

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:

400308997

Date Received:

07/24/2012

## 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: 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 05-123-34259-00

6. County: WELD

7. Well Name: DECHANT

Well Number: D30-25D

8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 344 feet Direction: FSL Distance: 2084 feet Direction: FWL

As Drilled Latitude: 40.189830 As Drilled Longitude: -104.595360

## GPS Data:

Data of Measurement: 01/09/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1325 feet. Direction: FSL Dist.: 1217 feet. Direction: FWL

Sec: 30 Twp: 3N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 1314 feet. Direction: FSL Dist.: 1223 feet. Direction: FWL

Sec: 30 Twp: 3N 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) 12/03/2011 13. Date TD: 12/08/2011 14. Date Casing Set or D&amp;A: 12/09/2011

## 15. Well Classification:

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

16. Total Depth MD 7443 TVD\*\* 7258 17 Plug Back Total Depth MD 7388 TVD\*\* 7203

18. Elevations GR 4801 KB 4816

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	815	357	0	815	VISU
1ST	7+7/8	4+1/2	11.60	0	7,433	600	2,316	7,433	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	2,788		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,940		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,520		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,160		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,957		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,218		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,241		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 7/24/2012 Email: sfinnegan@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400309033	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400309031	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>					
400308997	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400309029	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400309030	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400309032	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)