

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:
400309404

Date Received:
08/03/2012

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 05-123-34509-00 6. County: WELD
 7. Well Name: CHENOWETH C Well Number: 20-25D
 8. Location: QtrQtr: SESW Section: 20 Township: 4N Range: 64W Meridian: 6
 Footage at surface: Distance: 151 feet Direction: FSL Distance: 2391 feet Direction: FWL
 As Drilled Latitude: 40.291100 As Drilled Longitude: -104.575630

GPS Data:
 Date of Measurement: 04/11/2012 PDOP Reading: 2.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1242 feet. Direction: FSL Dist.: 1316 feet. Direction: FWL
 Sec: 20 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1246 feet. Direction: FSL Dist.: 1317 feet. Direction: FWL
 Sec: 20 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) 03/23/2012 13. Date TD: 03/26/2012 14. Date Casing Set or D&A: 03/27/2012

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

16. Total Depth MD 7430 TVD** 7182 17 Plug Back Total Depth MD 7374 TVD** 7126

18. Elevations GR 4766 KB 4779 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	878	318	0	888	CALC
1ST	7+7/8	4+1/2	11.60	0	7,420	620	1,970	7,430	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	482		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,788		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,534		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,184		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,202		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,938		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,206		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,232		<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: 8/3/2012 Email: sfinnegan@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400309442	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400309441	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"/>
Other Attachments			
400309404	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309437	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309438	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309440	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)