

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:

400315313

Date Received:

08/13/2012

## 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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31702-00

6. County: WELD

7. Well Name: KERN L

Well Number: 04-32D

8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1990 feet Direction: FNL Distance: 587 feet Direction: FWL

As Drilled Latitude: 40.255450 As Drilled Longitude: -104.789790

## GPS Data:

Data of Measurement: 03/21/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 2485 feet. Direction: FNL Dist.: 94 feet. Direction: FWL

Sec: 4 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2482 feet. Direction: FNL Dist.: 102 feet. Direction: FWL

Sec: 4 Twp: 3N Rng: 66W

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) 03/09/2012 13. Date TD: 03/12/2012 14. Date Casing Set or D&amp;A: 03/12/2012

## 15. Well Classification:

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

16. Total Depth MD 8032 TVD\*\* 7958 17 Plug Back Total Depth MD 7955 TVD\*\* 7881

18. Elevations GR 4794 KB 4807

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:

Triple Combo, CBL

## 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	0	741	293	0	741	CALC
1ST	7+7/8	4+1/2	11.6	0	8,022	690	1,885	8,022	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	
PARKMAN	3,870		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,487		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,915		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,237		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,779		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,054		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,344		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,369		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,386		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,419		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	7,647		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,751		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,800		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,814		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	7,912		<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: Liz Lindow

Title: Regulatory Analyst Date: 8/13/2012 Email: llindow@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400315330	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400315325	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>					
400315313	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315326	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315327	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315328	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	changed J Sand top to 7814 per operator.	11/6/2012 1:47:16 PM

Total: 1 comment(s)