

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:

400323260

Date Received:

09/18/2012

## 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: 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 05-123-34682-00

6. County: WELD

7. Well Name: HOFFMAN C

Well Number: 02-20D

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

Footage at surface: Distance: 2391 feet Direction: FSL Distance: 2365 feet Direction: FWL

As Drilled Latitude: 40.340750 As Drilled Longitude: -104.518570

## GPS Data:

Data 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.: 2570 feet. Direction: FNL Dist.: 1391 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2564 feet. Direction: FNL Dist.: 1384 feet. Direction: FWL

Sec: 2 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) 04/06/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&amp;A: 04/11/2012

## 15. Well Classification:

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

16. Total Depth MD 7055 TVD\*\* 6932 17 Plug Back Total Depth MD 6991 TVD\*\* 6868

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/GR/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	702	326	13	702	CALC
1ST	7+7/8	4+1/2	11.6	13	7,043	560	1,760	7,043	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	2,548		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,523		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,205		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,854		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,563		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,862		<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: 9/18/2012

Email: jmuse@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400326275	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400326277	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>					
400323260	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326269	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326270	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326274	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)