

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:

400351959

Date Received:

12/28/2012

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: JEAN MUSE-REYNOLDS  
Phone: (303) 228-4316  
Fax: (303) 228-4286

5. API Number 05-123-33909-00  
6. County: WELD  
7. Well Name: LOWER LATHAM PC G Well Number: 01-32D  
8. Location: QtrQtr: SENE Section: 2 Township: 4N Range: 65W Meridian: 6  
Footage at surface: Distance: 1919 feet Direction: FNL Distance: 599 feet Direction: FEL  
As Drilled Latitude: 40.343190 As Drilled Longitude: -104.623060

GPS Data:  
Date of Measurement: 09/13/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2516 feet. Direction: FSL Dist.: 46 feet. Direction: FEL  
Sec: 2 Twp: 4N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 2506 feet. Direction: FSL Dist.: 41 feet. Direction: FEL  
Sec: 2 Twp: 4N Rng: 65W

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) 08/24/2012 13. Date TD: 08/28/2012 14. Date Casing Set or D&A: 08/28/2012

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

16. Total Depth MD 7342 TVD\*\* 7227 17 Plug Back Total Depth MD 7287 TVD\*\* 7172

18. Elevations GR 4692 KB 4705  
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	13	742	318	13	742	CALC
1ST	7+7/8	4+1/2	11.6	1980	7,332	640	3,400	7,332	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	2,603		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,661		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,363		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,984		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,878		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,102		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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: 12/28/2012 Email: jmuse@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400354576	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400354435	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"/>
<b>Other Attachments</b>			
400351959	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354427	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354429	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354430	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354436	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)