

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: 400380813			
Date Received: 02/14/2013			

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 2284286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-33545-00	6. County: WELD
7. Well Name: Degenhart USX	Well Number: AE17-63HN
8. Location: QtrQtr: SWSW Section: 16 Township: 6N Range: 62W Meridian: 6	
Footage at surface: Distance: 1240 feet Direction: FSL	Distance: 155 feet Direction: FWL
As Drilled Latitude: 40.483160	As Drilled Longitude: -104.336790

GPS Data:

Data of Measurement: 07/11/2011 PDOP Reading: 3.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1262 feet. Direction: FSL Dist.: 771 feet. Direction: FEL

Sec: 17 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FSL Dist.: 537 feet. Direction: FWL

Sec: 17 Twp: 6N Rng: 62W

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) 06/17/2011	13. Date TD: 06/24/2011	14. Date Casing Set or D&A: 06/26/2011
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15. Well Classification:
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 11057 TVD** 6707	17 Plug Back Total Depth MD 11040 TVD** 6690
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18. Elevations GR 4913 KB 4937	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:
CBL/GRL/CCL/VDL.
No other logs sent at this time.

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
CONDUCTOR	18+1/2	16+0/0	84.00	24	124	80	0	124	CALC
SURF	13+3/4	9+5/8	36.00	24	697	329	0	707	CALC
1ST	8+3/4	7+0/0	26.00	24	7,031	550	680	7,044	CBL
1ST LINER	6+1/8	4+1/2	11.60	6949	11,042				

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	2,885		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,559		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,386		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,973		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,585		<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: Eileen Roberts

Title: Regulatory Specialist Date: 2/14/2013 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400381028	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400381029	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>					
400380813	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400381025	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400381515	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)