

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:

400382044

Date Received:

02/20/2013

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

5. API Number 05-123-33668-00  
6. County: WELD  
7. Well Name: VARRA Well Number: P31-76HN  
8. Location: QtrQtr: NENW Section: 31 Township: 3N Range: 67W Meridian: 6  
Footage at surface: Distance: 165 feet Direction: FNL Distance: 2288 feet Direction: FWL  
As Drilled Latitude: 40.189460 As Drilled Longitude: -104.933590

GPS Data:  
Date of Measurement: 10/06/2011 PDOP Reading: 5.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1150 feet. Direction: FNL Dist.: 1471 feet. Direction: FWL  
Sec: 31 Twp: 3N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: 533 feet. Direction: FSL Dist.: 1460 feet. Direction: FWL  
Sec: 31 Twp: 3N Rng: 67W

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) 09/12/2011 13. Date TD: 09/12/2011 14. Date Casing Set or D&A: 09/26/2011

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

16. Total Depth MD 11715 TVD\*\* 7187 17 Plug Back Total Depth MD 11683 TVD\*\* 7155

18. Elevations GR 4804 KB 4828  
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/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	0	124	80	0	124	CALC
SURF	13+3/4	9+5/8	36.00	0	705	385	0	715	CALC
1ST	8+3/4	9+5/8	26.00	0	7,467	625	350	7,478	CBL
1ST LINER	6+1/8	4+1/2	11.60	7316	11,685				

### 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	2,638		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,641		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,133		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,929		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,024		<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: 2/20/2013 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400382091	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400382092	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>			
400382044	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400382090	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383168	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)