

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:

400405230

Date Received:

04/18/2013

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: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34701-00 6. County: WELD
 7. Well Name: EHRlich PC O Well Number: 23-69HN
 8. Location: QtrQtr: NENE Section: 23 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 722 feet Direction: FNL Distance: 652 feet Direction: FEL
 As Drilled Latitude: 40.302710 As Drilled Longitude: -104.851040

GPS Data:
Data of Measurement: 07/09/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 74 feet. Direction: FNL Dist.: 860 feet. Direction: FEL
 Sec: 23 Twp: 4N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 38 feet. Direction: FNL Dist.: 493 feet. Direction: FWL
 Sec: 23 Twp: 4N 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) 08/12/2012 13. Date TD: 08/21/2012 14. Date Casing Set or D&A: 09/27/2012

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

16. Total Depth MD 11630 TVD** 7098 17 Plug Back Total Depth MD 11614 TVD** 7082

18. Elevations GR 4834 KB 4858 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, 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	24	16	75	0	124	80	0	124	CALC
SURF	13+3/4	9+5/8	36	0	572	392	0	572	CALC
1ST	8+3/4	7	26	0	7,663	635	954	7,663	CBL
1ST LINER	6+1/8	4+1/2	11.6	7502	11,615				

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	2,492		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,662		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,254		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,179		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,359		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,109		<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: Kathleen Mills

Title: Regulatory Analyst Date: 4/18/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400405236	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400405239	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"/>
Other Attachments			
400405230	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400405240	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400405825	LAS-CEMENT BOND	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)