

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:
400411306

Date Received:

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 05-123-34633-00 6. County: WELD
7. Well Name: Aspen State Well Number: V16-75HN
8. Location: QtrQtr: SESW Section: 16 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 252 feet Direction: FSL Distance: 1995 feet Direction: FWL
As Drilled Latitude: 40.131876 As Drilled Longitude: -104.898136

GPS Data:

Date of Measurement: 11/13/2012 PDOP Reading: 3.9 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 932 feet. Direction: FSL Dist.: 2716 feet. Direction: FEL
Sec: 16 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 576 feet. Direction: FNL Dist.: 2634 feet. Direction: FEL
Sec: 16 Twp: 2N Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2012 13. Date TD: 09/16/2012 14. Date Casing Set or D&A: 09/18/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11817 TVD** 7452 17 Plug Back Total Depth MD 11809 TVD** 7436

18. Elevations GR 4990 KB 5014

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 - PDF ATTACHED

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	VISU
SURF	13+3/4	9+5/8	36	0	744	402	0	744	VISU
1ST	8+3/4	7	26	0	7,831	660	1,630	7,831	CALC
1ST LINER	6+1/8	4+1/2	11.6	7769	11,817	0			

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	2,766		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,058		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,548		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,505		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,699		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,473		<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: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400411339	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400411336	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"/>
400411322	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400411319	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411340	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)