

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:

400391373

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
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 05-123-34674-00
6. County: WELD
7. Well Name: SLW State PC Well Number: BB18-67HN
8. Location: QtrQtr: SWNW Section: 18 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 1702 feet Direction: FNL Distance: 631 feet Direction: FWL
As Drilled Latitude: 40.401450 As Drilled Longitude: -104.486840

GPS Data:
Date of Measurement: 06/04/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1367 feet. Direction: FNL Dist.: 924 feet. Direction: FWL
Sec: 18 Twp: 5N Rng: 63W
** If directional footage at Bottom Hole Dist.: 1359 feet. Direction: FNL Dist.: 536 feet. Direction: FEL
Sec: 18 Twp: 5N Rng: 63W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 80/5199-S

12. Spud Date: (when the 1st bit hit the dirt) 05/18/2012 13. Date TD: 05/24/2012 14. Date Casing Set or D&A: 05/25/2012

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

16. Total Depth MD 10895 TVD** 6485 17 Plug Back Total Depth MD 10870 TVD** 6460

18. Elevations GR 4589 KB 4613
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	24+0/0	16+0/0	75.00	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	576	293	0	576	VISU
1ST	8+3/4	7+0/0	26.00	0	6,969	565	1,053	6,969	CALC
1ST LINER	6+1/8	4+1/2	11.60	6850	10,880	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	2,584		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,372		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,072		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,758		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,784		<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: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400391431	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400391432	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400391451	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)