

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



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Document Number:
400414377

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: JEAN MUSE-REYNOLDS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-35560-00 6. County: WELD
 7. Well Name: Rehder Well Number: X06-33D
 8. Location: QtrQtr: SWSW Section: 6 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 1075 feet Direction: FSL Distance: 759 feet Direction: FWL
 As Drilled Latitude: 40.163180 As Drilled Longitude: -104.713140

GPS Data:

Date of Measurement: 07/31/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1287 feet. Direction: FSL Dist.: 70 feet. Direction: FWL

Sec: 6 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1281 feet. Direction: FSL Dist.: 60 feet. Direction: FWL

Sec: 6 Twp: 2N Rng: 65W

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) 06/14/2012 13. Date TD: 06/18/2012 14. Date Casing Set or D&A: 06/15/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8080 TVD** 8004 17 Plug Back Total Depth MD 8021 TVD** 7945

18. Elevations GR 4979 KB 4992

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
TRIPLE COMBO

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
SURF	12+1/4	8+5/8	26	13	1,030	393	0	1,030	
1ST	7+7/8	4+1/2	11.6	13	8,067	660	2,045	8,067	CBL

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	1,301		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,125		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,494		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,064		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,243		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,436		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,458		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,903		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS
FLOWBACK VOLUMES REPORTED ON NIOBRARA COMPLETION PANEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance Date: _____ Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400418073	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400418070	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			
400418071	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418079	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418082	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418180	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418187	PDF-TRIPLE COMBINATION	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)