

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:

400408530

Date Received:

04/24/2013

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 05-123-35088-00 6. County: WELD
 7. Well Name: WIEST J Well Number: 28-65-1HN
 8. Location: QtrQtr: NWSW Section: 28 Township: 5N Range: 66W Meridian: 6
 Footage at surface: Distance: 1918 feet Direction: FSL Distance: 457 feet Direction: FWL
 As Drilled Latitude: 40.368520 As Drilled Longitude: -104.792430

GPS Data:
Data of Measurement: 12/10/2012 PDOP Reading: 3.4 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 2462 feet. Direction: FSL Dist.: 757 feet. Direction: FWL
Sec: 28 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2496 feet. Direction: FSL Dist.: 545 feet. Direction: FEL
Sec: 28 Twp: 5N Rng: 66W

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) 10/13/2012 13. Date TD: 10/21/2012 14. Date Casing Set or D&A: 10/22/2012

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

16. Total Depth MD 11856 TVD** 7212 17 Plug Back Total Depth MD 11840 TVD** 7196

18. Elevations GR 4887 KB 4911 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 SETN 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	42.09	0	124	80	0	124	CALC
SURF	13+3/4	9+5/8	36	0	796	400	0	796	CALC
1ST	8+3/4	7	26	0	7,607	620	700	7,607	CBL
1ST LINER	6+1/8	4+1/2	11.6	7503	11,841				

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	2,488		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,782		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,452		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,860		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,299		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,986		<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: 4/24/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400408532	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400408533	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			
400408530	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400408531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400408534	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	128 foot gap between bottom of 1st string and top of liner? Rec'd corrected top of liner elevation of 7503.	5/15/2013 2:27:57 PM
Permit	Operator concurred with 545 FEL. Made the correction. Ready to pass.	5/9/2013 7:52:15 AM
Permit	On hold for BHL calculation review by operator. My calc is 545 FEL.	5/8/2013 3:29:10 PM

Total: 3 comment(s)