

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:

400429373

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33231-00 6. County: WELD
7. Well Name: PTASNIK LC Well Number: 28-76HN
8. Location: QtrQtr: SESW Section: 28 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 165 feet Direction: FSL Distance: 2643 feet Direction: FWL
As Drilled Latitude: 40.714620 As Drilled Longitude: -103.982870

GPS Data:
Date of Measurement: 01/17/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 887 feet. Direction: FSL Dist.: 1958 feet. Direction: FWL
Sec: 28 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FNL Dist.: 1880 feet. Direction: FWL
Sec: 28 Twp: 9N Rng: 59W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2012 13. Date TD: 01/05/2013 14. Date Casing Set or D&A: 01/06/2013

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

16. Total Depth MD 10434 TVD** 6086 17 Plug Back Total Depth MD 10418 TVD** 6069

18. Elevations GR 4842 KB 4872 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, GR, Mud.

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	42.09	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	632	357	0	632	VISU
1ST	8+3/4	7+0/0	26.00	0	6,489	564	1,000	6,489	CALC
1ST LINER	6+1/8	4+1/2	11.60	6387	10,420	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	2,552		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,469		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,124		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,565		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,183		<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>			
400429446	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400429448	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>			
400429450	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)