

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:
400445116

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 05-123-35047-00 6. County: WELD
7. Well Name: FOOSE PC A Well Number: 18-65HN
8. Location: QtrQtr: NWSE Section: 18 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 2484 feet Direction: FSL Distance: 2438 feet Direction: FEL
As Drilled Latitude: 40.485480 As Drilled Longitude: -104.592480

GPS Data:
Date of Measurement: 03/14/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2506 feet. Direction: FSL Dist.: 1646 feet. Direction: FEL
Sec: 18 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2518 feet. Direction: FSL Dist.: 535 feet. Direction: FEL
Sec: 17 Twp: 6N Rng: 64W

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) 03/21/2013 13. Date TD: 03/29/2013 14. Date Casing Set or D&A: 04/01/2013

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

16. Total Depth MD 13857 TVD** 6847 17 Plug Back Total Depth MD 13833 TVD** 6823

18. Elevations GR 4687 KB 4717 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, MUD, Gamma.

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	26+0/0	16+0/0	42.05	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	793	387	0	793	VISU
1ST	8+3/4	7+0/0	26.00	0	7,238	615	180	7,238	CALC
1ST LINER	6+1/8	4+1/2	11.60	7145	13,842	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	
PARKMAN	3,540		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,306		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,903		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,719		<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 ?	
Attachment Checklist			
400445210	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400445212	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			
400445141	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445142	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445143	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445145	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445146	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445147	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445148	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445149	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445213	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)