

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:

400475466

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: 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 05-123-36290-00 6. County: WELD
7. Well Name: SLW RANCH STATE Well Number: B12-67-1HN
8. Location: QtrQtr: SWNW Section: 12 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 2517 feet Direction: FNL Distance: 258 feet Direction: FWL
As Drilled Latitude: 40.414262 As Drilled Longitude: -104.507213

GPS Data:
Date of Measurement: 07/18/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 1637 feet. Direction: FNL Dist.: 728 feet. Direction: FWL
Sec: 12 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1655 feet. Direction: FNL Dist.: 536 feet. Direction: FEL
Sec: 12 Twp: 5N Rng: 64W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 87/4001-S

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2013 13. Date TD: 04/05/2013 14. Date Casing Set or D&A: 04/06/2013

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

16. Total Depth MD 11248 TVD** 6572 17 Plug Back Total Depth MD 11230 TVD** 6572

18. Elevations GR 4603 KB 4627 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, GR

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	16	42.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	668	407	0	668	VISU
1ST	8+3/4	7	26	0	7,093	604	1,490	7,093	CALC
1ST LINER	6+1/8	4+1/2	11.6	6822	11,238	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	3,487		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,404		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,021		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,843		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,699		<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: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400475495	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400475496	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			
400475478	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475481	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475483	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475487	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475491	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475494	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475498	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475762	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400475767	PDF-MUD	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)