

FORM
5Rev
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:

1797707

Date Received:

10/31/2008

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: ANDREA RAWSON

2. Name of Operator: NOBLE ENERGY INC

Phone: (281) 876-6105

3. Address: 1625 BROADWAY STE 2200 AT

Fax: (281) 876-2503

City: DENVER State: CO Zip: 80202

5. API Number 05-123-25639-00

6. County: WELD

7. Well Name: FRIDGE USX H 13-22

Well Number: 13-22

8. Location: QtrQtr: NESE Section: 13 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 2465 feet Direction: FSL Distance: 1248 feet Direction: FWL

As Drilled Latitude: 40.224689 As Drilled Longitude: -104.607118

GPS Data:

Date of Measurement: 08/08/2008 PDOP Reading: 2.0 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 04/13/2008 13. Date TD: 04/17/2008 14. Date Casing Set or D&A: 04/17/2008

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7703 TVD** 7703 17 Plug Back Total Depth MD 7669 TVD** 7669

18. Elevations GR 4836 KB 4851

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/CCL, CDL/CN/ML, DIL/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
SURF	12+1/4	8+5/8		0	663	345	0	663	
1ST	7+7/8	4+1/2		0	7,695	760	4,950	7,703	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	2,786		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,850		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,416		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,008		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,030		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,791		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,071		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,096		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,493		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,539		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,553		<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: Y Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 10/20/2008 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)