

FORM
5
Rev
09/14

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:
400535546

Date Received:
01/07/2014

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

OGCC Operator Number: 100322 Contact Name: EILEEN ROBERTS
 Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

API Number 05-123-37157-00 County: WELD
 Well Name: Wahlert Well Number: AC23-68HN
 Location: QtrQtr: NENE Section: 23 Township: 7N Range: 63W Meridian: 6
 Footage at surface: Distance: 355 feet Direction: FNL Distance: 280 feet Direction: FEL
 As Drilled Latitude: 40.565681 As Drilled Longitude: -104.394805

GPS Data:
 Date of Measurement: 11/27/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: Gentry Muniz

** If directional footage at Top of Prod. Zone Dist.: 647 feet. Direction: FNL Dist.: 893 feet. Direction: FEL
 Sec: 23 Twp: 7N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 662 feet. Direction: FNL Dist.: 537 feet. Direction: FWL
 Sec: 23 Twp: 7N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/21/2013 Date TD: 08/28/2013 Date Casing Set or D&A: 08/29/2013
 Rig Release Date: 08/29/2013 Per Rule 308A.b.

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

Total Depth MD 11104 TVD** 6696 Plug Back Total Depth MD 11087 TVD** 6696

Elevations GR 4788 KB 4801 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma

CASING, LINER AND CEMENT

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	84	0	100	80	0	100	VISU
SURF	13+3/4	9+5/8	36	0	680	401	0	680	VISU
1ST	8+3/4	7	26	0	7,098	590	844	7,098	CALC
1ST LINER	6+1/8	4+1/2	11.6	6907	11,089				

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,604				
PARKMAN	3,542				
SUSSEX	4,359				
SHANNON	4,972				
NIOBRARA	6,661				

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: 1/7/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400535802	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400535804	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			
400535546	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535789	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535790	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535791	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535792	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535794	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535796	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535800	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535805	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400791711	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	CBL not uploaded. Contacted operator. Returned to draft.	2/5/2015 10:10:22 AM

Total: 1 comment(s)