

FORM
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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



Document Number:

400420865

Date Received:

05/22/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: JEAN MUSE-REYNOLDS
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

API Number 05-123-35625-00 County: WELD
Well Name: ADAMS D Well Number: 30-29D
Location: QtrQtr: NENW Section: 30 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 154 feet Direction: FNL Distance: 2093 feet Direction: FWL
As Drilled Latitude: 40.203000 As Drilled Longitude: -104.595260

GPS Data:
Date of Measurement: 08/13/2012 PDOP Reading: 3.4 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 63 feet Direction: FNL Dist.: 1271 feet Direction: FWL
Sec: 30 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 65 feet Direction: FNL Dist.: 1269 feet Direction: FWL
Sec: 30 Twp: 3N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 07/24/2012 Date TD: 07/26/2012 Date Casing Set or D&A: 07/27/2012
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7299 TVD** 7218 Plug Back Total Depth MD 7222 TVD** 7140

Elevations GR 4782 KB 4795 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL
TRIPLE COMBO

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
SURF	12+1/4	8+5/8	26	14	758	307	0	758	VISU
1ST	7+7/8	4+1/2	11.6	14	7,289	580	2,145	7,289	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:

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	2,873				
PARKMAN	3,800				
SUSSEX	4,382				
SHANNON	5,004				
NIOBRARA	6,854				
FORT HAYS	7,080				
CODELL	7,103				

Operator Comments

FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: 5/22/2013

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400421510	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400420909	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"/>
<u>Other Attachments</u>			
400420865	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420897	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420899	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420900	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420902	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420912	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator confirmed casing set date of 7/27/2012.	3/11/2015 8:22:39 AM
Permit	Corrected KB elevation to reflect directional survey. Contacted operator to confirm casing set date.	3/2/2015 9:15:55 AM

Total: 2 comment(s)