

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:
400510236

Date Received:
11/11/2013

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: Kathleen Mills
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

API Number 05-123-31074-00 County: WELD
 Well Name: DF RANCH Well Number: 1161-8-42
 Location: QtrQtr: NWSE Section: 8 Township: 11N Range: 61W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 40.934110 As Drilled Longitude: -104.227280

GPS Data:
 Date of Measurement: 11/01/2010 PDOP Reading: 5.0 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: _____

Field Name: GROVER Field Number: 33380
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/02/2010 Date TD: 10/11/2010 Date Casing Set or D&A: 10/12/2010
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 7964 TVD** _____ Plug Back Total Depth MD 7920 TVD** _____

Elevations GR 5271 KB 5286 **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	24	0	1,263	411	0	1,263	VISU
1ST	7+7/8	5+1/2	17	0	7,981	510	2,618	7,964	CALC

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	
PARKMAN	4,028				
NIOBRARA	6,990				
CODELL	7,236				
GREENHORN	7,677				
D SAND	7,738				
J SAND	7,767				

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: 11/11/2013

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400510292	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400510236	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400510256	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400510261	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400510264	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Formation tops don't make sense. Parkman should be above Niobrara. Returned to draft.	3/2/2015 8:46:03 AM

Total: 1 comment(s)