

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400222855

**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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33521-00

6. County: WELD

7. Well Name: HOWARD USX A

Well Number: 09-02D

8. Location: QtrQtr: SWNW Section: 9 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1441 feet Direction: FNL Distance: 1265 feet Direction: FWL

As Drilled Latitude: 40.504020 As Drilled Longitude: -104.559820

## GPS Data:

Date of Measurement: 07/08/2011 PDOP Reading: 3.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 763 feet. Direction: FNL Dist.: 2050 feet. Direction: FEL

Sec: 9 Twp: 6N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 762 feet. Direction: FNL Dist.: 2049 feet. Direction: FEL

Sec: 9 Twp: 6N Rng: 64W

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) 07/02/2011 13. Date TD: 07/05/2011 14. Date Casing Set or D&amp;A: 07/06/2011

## 15. Well Classification:

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

16. Total Depth MD 7670 TVD\*\* 7230 17 Plug Back Total Depth MD 7606 TVD\*\* 7166

18. Elevations GR 4868 KB 4882

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:

GRL/CCL/CBL/VDL.

No open hole logs were run.

## 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	24.00	0	696	230	0	696	VISU
1ST	7+7/8	4+1/2	11.60	0	7,663	630	1,942	7,663	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref 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	
NIOBRARA	7,207		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,496		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,519		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,595		<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: Eileen Roberts

Title: Regulatory Specialist Date: 11/10/2011 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400222877	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400222879	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400222855	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC CBL DOC#2204799, IN SCANNING	11/15/2011 7:23:12 AM
Permit	WAITING ON LOGS	11/11/2011 11:40:45 AM

Total: 2 comment(s)