

**FORM
5**Rev
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:

400416977

Date Received:

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34658-00

6. County: WELD

7. Well Name: NIX P

Well Number: 28-69HN

8. Location: QtrQtr: NWNE Section: 28 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 468 feet Direction: FNL Distance: 1987 feet Direction: FEL

As Drilled Latitude: 40.202710 As Drilled Longitude: -104.893020

GPS Data:

Date of Measurement: 01/09/2013 PDOP Reading: 5.7 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 98 feet. Direction: FNL Dist.: 1288 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 113 feet. Direction: FNL Dist.: 2099 feet. Direction: FWL

Sec: 27 Twp: 3N Rng: 67W

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) 09/25/2012 13. Date TD: 10/02/2012 14. Date Casing Set or D&A: 10/03/2012

15. Well Classification:

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

16. Total Depth MD 10953 TVD** 7054 17 Plug Back Total Depth MD 10937 TVD** 7038

18. Elevations GR 4794 KB 4918

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, MWD

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
CONDUCTOR	24	16	75	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	665	322	0	665	VISU
1ST	8+3/4	7	26	0	7,423	620	1,600	7,423	CALC
1ST LINER	6+1/8	4+1/2	11.6	7279	10,938	0			

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	2,791		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,588		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,211		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,651		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,236		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,060		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400417036	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400417037	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>					
400417030	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417031	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417033	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417034	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417040	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)