

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:  
400100852

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

5. API Number 05-123-30633-00  
6. County: WELD  
7. Well Name: SHABLE USX AB Well Number: 11-04P  
8. Location: QtrQtr: NWNW Section: 11 Township: 7N Range: 64W Meridian: 6  
Footage at surface: Direction: FNL Distance: 610 Direction: FWL Distance: 610  
As Drilled Latitude: 40.593220 As Drilled Longitude: 104.523605

GPS Data:  
Data of Measurement: 07/15/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage  
at Top of Prod. Zone Distance: Direction: Distance: Direction:  
Sec: Twp: Rng:  
at Bottom Hole Distance: Direction: Distance: Direction:  
Sec: Twp: Rng:

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) 03/23/2010 13. Date TD: 04/01/2010 14. Date Casing Set or D&A: 04/02/2010

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

16. Total Depth MD 9100 TVD 17 Plug Back Total Depth MD 5590 TVD

18. Elevations GR 4858 KB 4871  
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/VDL/GRL/CCL, SDL/DSNL/ACL/TRL

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| SURF        | 12+1/4       | 8+5/8          | 36.00           | 785           | 309          | 801           | 0          |
| 1ST         | 7+7/8        | 4+1/2          | 26.00           | 9,058         | 780          | 9,058         | 3,596      |

ADDITIONAL CEMENT

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

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       | 6,721          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 6,992          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,016          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| GREENHORN      | 7,079          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MOWRY          | 7,460          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 7,471          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MORRISON       | 7,718          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| LYONS          | 7,849          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| DAKOTA         | 8,797          |        | <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: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name        | Doc Description                        |
|-------------|-------------|--|
| 400100854   | CMT SUMMARY | Shable USX AB 11-04P cement ticket.pdf |

Total Attach: 1 Files