

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

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



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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.

Document Number:

400100852

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 05-123-30633-00

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