

FORM
5Rev
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



DE ET OE ES

Document Number:

400150353

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: Liz Lindow

Phone: (303) 228-4342

Fax: (303) 228-4286

5. API Number 05-045-18776-00

6. County: GARFIELD

7. Well Name: Double B Ranch

Well Number: 18-44C (17M)

8. Location: QtrQtr: SWSW Section: 17 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 590 feet Direction: FSL Distance: 476 feet Direction: FWL

As Drilled Latitude: 39.433378 As Drilled Longitude: -107.917816

GPS Data:

Data of Measurement: 12/16/2010 PDOP Reading: 0.6 GPS Instrument Operator's Name: James Seak

** If directional footage

at Top of Prod. Zone Distance: 524 feet Direction: FSL Distance: 549 feet Direction: FEL

Sec: 18 Twp: 7S Rng: 95W

at Bottom Hole Distance: 494 feet Direction: FSL Distance: 643 feet Direction: FEL

Sec: 18 Twp: 7S Rng: 95W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/07/2011 13. Date TD: 04/26/2011 14. Date Casing Set or D&A: 04/27/2011

15. Well Classification:

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

16. Total Depth MD 9365 TVD 9268 17 Plug Back Total Depth MD 9306 TVD 9208

18. Elevations GR 7560 KB 7584

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, RMT

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 | 26 | 16 | 75 | 0 | 124 | 200 | 0 | 124 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32 | 0 | 1,527 | 330 | 0 | 1,527 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 9,365 | 662 | 5,035 | 9,365 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | |
| WILLIAMS FORK | 6,004 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,690 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,142 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Top of Gas MD = 7289; hard copies of logs sent 6/20/2011

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@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 |
|-------------|--------------------|
| 400150369 | CEMENT JOB SUMMARY |
| 400179434 | LAS-CEMENT BOND |
| 400179436 | LAS-PULSED NEUTRON |
| 400179446 | DIRECTIONAL SURVEY |

Total Attach: 4 Files

General Comments

User Group **Comment** **Comment Date**

| | | |
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| | | |
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Total: 0 comment(s)