

FORM  
5Rev  
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:

400217037

## 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 05-123-31485-00

6. County: WELD

7. Well Name: DILLARD AB

Well Number: 10-08

8. Location: QtrQtr: SENE Section: 10 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 2020 feet Direction: FNL Distance: 605 feet Direction: FEL

As Drilled Latitude: 40.589340 As Drilled Longitude: -104.528090

## GPS Data:

Data of Measurement: 01/11/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. 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) 12/26/2010 13. Date TD: 01/02/2011 14. Date Casing Set or D&amp;A: 01/06/2011

## 15. Well Classification:

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

16. Total Depth MD 9085 TVD\*\* 17 Plug Back Total Depth MD 8970 TVD\*\*

18. Elevations GR 4829 KB 4842

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/GRL/CCL/VDL.

## 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        | 13+1/2       | 9+5/8          | 36.00 | 0             | 829           | 371       | 0       | 840     |        |
| 1ST         | 8+3/4        | 7+0/0          | 26.00 | 0             | 9,016         | 575       | 1,882   | 9,016   | 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       | 6,701          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 6,982          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,006          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| GREENHORN      | 7,085          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| D SAND         | 7,396          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MOWRY          | 7,453          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 7,465          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MORRISON       | 7,834          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| LYONS          | 8,779          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

Attn: Diana Burn.

Thank you,  
Eileen

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

#### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)