

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



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Document Number:

400221946

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 05-123-30080-00 6. County: WELD  
7. Well Name: ABBEY Well Number: D01-29  
8. Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 64W Meridian: 6  
Footage at surface: Distance: 170 feet Direction: FNL Distance: 1310 feet Direction: FWL  
As Drilled Latitude: 40.261270 As Drilled Longitude: -104.504140

GPS Data:

Date of Measurement: 08/16/2011 PDOP Reading: 3.3 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: 816051S

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2011 13. Date TD: 06/19/2011 14. Date Casing Set or D&A: 06/20/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7471 TVD\*\* 17 Plug Back Total Depth MD 7394 TVD\*\*

18. Elevations GR 4747 KB 4763 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, CDL/CNL/ML.

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	12+1/4	8+5/8	24.00	16	688	257	0	699	
1ST	7+7/8	4+1/2	11.60	16	7,462	630	1,734	7,462	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,556		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,814		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,839		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,918		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,238		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,282		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,300		<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

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**General Comments**

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

Total: 0 comment(s)