

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



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Document Number:

400216839

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 05-123-31464-00

6. County: WELD

7. Well Name: DILLARD AB

Well Number: 10-06

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

Footage at surface: Distance: 2020 feet Direction: FNL Distance: 2155 feet Direction: FWL

As Drilled Latitude: 40.589360 As Drilled Longitude: -104.537190

GPS Data:

Date of Measurement: 07/22/2011 PDOP Reading: 3.8 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) 07/08/2010 13. Date TD: 07/17/2010 14. Date Casing Set or D&A: 07/20/2010

15. Well Classification:

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

16. Total Depth MD 9119 TVD** 17 Plug Back Total Depth MD 9057 TVD**

18. Elevations GR 4837 KB 4852

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:

GRL/CCL/CBL/VDL, SDL/DSNL/ACL/TRL.

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	0	804	307	0	814	
1ST	7+7/8	5+1/2	11.60	0	9,098	600	2,470	9,098	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	6,683		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,000		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,079		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,406		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,479		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,490		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,802		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well Shut In

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

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

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Total: 0 comment(s)