

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|-----------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 400276980 | | | |
| Date Received: | | | |

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: Tania McNutt |
| 2. Name of Operator: NOBLE ENERGY INC | Phone: (303) 228-4392 |
| 3. Address: 1625 BROADWAY STE 2200 | Fax: (303) 228-4286 |
| City: DENVER State: CO Zip: 80202 | |

| | |
|---|------------------------------------|
| 5. API Number 05-123-34371-00 | 6. County: WELD |
| 7. Well Name: Booth USX | Well Number: EE25-03D |
| 8. Location: QtrQtr: SWNW Section: 25 Township: 7N Range: 65W Meridian: 6 | |
| Footage at surface: Distance: 2323 feet Direction: FNL | Distance: 1085 feet Direction: FWL |
| As Drilled Latitude: 40.545690 | As Drilled Longitude: -104.616660 |

GPS Data:

Data of Measurement: 01/03/2012 PDOP Reading: 5.2 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 725 feet. Direction: FNL Dist.: 1994 feet. Direction: FWL

Sec: 25 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 728 feet. Direction: FNL Dist.: 2007 feet. Direction: FWL

Sec: 25 Twp: 7N Rng: 65W

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) 11/13/2011 13. Date TD: 11/16/2011 14. Date Casing Set or D&A: 11/17/2011

15. Well Classification:

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

16. Total Depth MD 7635 TVD** 7302 17 Plug Back Total Depth MD 7584 TVD** 7251

18. Elevations GR 4820 KB 4833

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
Triple Combo

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 | 13 | 754 | 298 | 0 | 754 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 13 | 7,626 | 620 | 1,336 | 7,626 | 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 | 7,217 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,427 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,452 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Hard copies of logs were mailed to COGCC on 4/25/12

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

Signed: _____

Print Name: Tania McNutt

Title: Regulatory Analyst

Date: _____

Email: tmcnutt@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400277008 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400277043 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400277009 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400277000 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400277003 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)