

**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:

400297895

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 05-123-34800-00

6. County: WELD

7. Well Name: SHABLE

Well Number: G17-23D

8. Location: QtrQtr: SWSE Section: 17 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 689 feet Direction: FSL Distance: 1991 feet Direction: FEL

As Drilled Latitude: 40.307060 As Drilled Longitude: -104.684660

GPS Data:

Data of Measurement: 02/09/2012 PDOP Reading: 4.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1304 feet. Direction: FSL Dist.: 1305 feet. Direction: FEL

Sec: 17 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1306 feet. Direction: FSL Dist.: 1305 feet. Direction: FEL

Sec: 17 Twp: 4N Rng: 65W

9. Field Name: HAMBERT

10. Field Number: 33530

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/21/2012 13. Date TD: 01/25/2012 14. Date Casing Set or D&A: 01/26/2012

15. Well Classification:

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

16. Total Depth MD 7510 TVD** 7396 17 Plug Back Total Depth MD 7455 TVD** 7341

18. Elevations GR 4759 KB 4773

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	14	692	364	0	692	
1ST	7+7/8	4+1/2	11.6	14	7,500	610	1,940	7,500	

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	
PIERRE	2,722		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,648		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,281		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,469		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,990		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,277		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,302		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 6/7/12

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>					
400297905	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400297903	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400297898	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297899	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297900	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297901	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297902	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)