

**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:

400296027

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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-125-11979-00

6. County: YUMA

7. Well Name: Chapman

Well Number: SWD #1

8. Location: QtrQtr: SWNW Section: 33 Township: 1S Range: 44W Meridian: 6

Footage at surface: Distance: 1600 feet Direction: FNL Distance: 650 feet Direction: FWL

As Drilled Latitude: 39.929391 As Drilled Longitude: -102.314463

GPS Data:

Date of Measurement: 02/17/2012 PDOP Reading: 4.4 GPS Instrument Operator's Name: Bill Strickert

** 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: VERNON

10. Field Number: 86500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/30/2011 13. Date TD: 11/05/2011 14. Date Casing Set or D&A: 11/06/2011

15. Well Classification:

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

16. Total Depth MD 4119 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 3868 KB 3880

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	9+5/8	36	0	372	205	0	372	
1ST	8+3/4	7	23	0	4,078	460	0	4,078	

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	
SHARON SPRINGS	2,010		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	2,512		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	2,579		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	2,737		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	2,763		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	2,943		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	3,020		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	3,262		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	3,665		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	3,862		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,990		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400296036	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400296033	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400296034	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)