

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



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| DE | ET | OE | ES |
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Document Number:

400301783

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: <u>100322</u> | 4. Contact Name: <u>Tania McNutt</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 228-4392</u> |
| 3. Address: <u>1625 BROADWAY STE 2200</u> | Fax: <u>(303) 228-4286</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

| | |
|--|-----------------------------|
| 5. API Number <u>05-123-34171-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>BUTTERBALL</u> | Well Number: <u>D19-22D</u> |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>19</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>2137</u> feet Direction: <u>FNL</u> Distance: <u>673</u> feet Direction: <u>FEL</u> | |
| As Drilled Latitude: <u>40.212180</u> As Drilled Longitude: <u>-104.586900</u> | |

GPS Data:

Date of Measurement: 12/12/2011 PDOP Reading: 4.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2577 feet. Direction: FNL Dist.: 1347 feet. Direction: FEL

Sec: 19 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2578 feet. Direction: FNL Dist.: 1346 feet. Direction: FEL

Sec: 19 Twp: 3N Rng: 64W

| | |
|--|--------------------------------|
| 9. Field Name: <u>WATTENBERG</u> | 10. Field Number: <u>90750</u> |
| 11. Federal, Indian or State Lease Number: _____ | |

| | | |
|--|--------------------------------|---|
| 12. Spud Date: (when the 1st bit hit the dirt) <u>10/29/2011</u> | 13. Date TD: <u>11/01/2011</u> | 14. Date Casing Set or D&A: <u>11/03/2011</u> |
|--|--------------------------------|---|

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

| | |
|--|---|
| 16. Total Depth MD <u>7717</u> TVD** <u>7632</u> | 17 Plug Back Total Depth MD <u>7663</u> TVD** <u>7578</u> |
|--|---|

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| 18. Elevations GR <u>4770</u> KB <u>4784</u> |
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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 | 784 | 300 | 0 | 784 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 14 | 7,708 | 635 | 2,032 | 7,708 | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf 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 | |
| PARKMAN | 3,773 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,450 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,961 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,811 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,073 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,097 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 7,555 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,569 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Hard copies of logs were mailed to COGCC on 6/25/12

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 ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 400301796 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400301798 | 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"/> |
| Other Attachments | | | |
| 400301785 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400301787 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400301790 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400301793 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400301794 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)