

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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Document Number:

400306095

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: 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 05-123-32244-00

6. County: WELD

7. Well Name: HANSCOME

Well Number: G11-99HZ

8. Location: QtrQtr: SWNW Section: 12 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 1440 feet Direction: FNL Distance: 258 feet Direction: FWL

As Drilled Latitude: 40.330280 As Drilled Longitude: -104.620030

GPS Data:

Data of Measurement: 10/28/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1563 feet. Direction: FNL Dist.: 633 feet. Direction: FEL

Sec: 11 Twp: 4N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1565 feet. Direction: FNL Dist.: 530 feet. Direction: FWL

Sec: 11 Twp: 4N 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) 10/10/2010 13. Date TD: 10/21/2010 14. Date Casing Set or D&A: 10/24/2010

15. Well Classification:

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

16. Total Depth MD 11610 TVD\*\* 6950 17 Plug Back Total Depth MD 11460 TVD\*\* 6800

18. Elevations GR 4766 KB 4790

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:

SBL/GRL/CL.

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
CONDUCTOR	18+1/2	16+0/0	84.00	24	124	6	0	124	
SURF	13+3/4	9+5/8	36.00	24	723	366	0	735	
1ST	8+3/4	7+0/0	26.00	24	7,376	610	1,052	7,356	CBL
1ST LINER	6+1/8	4+1/2	11.60	6051	11,593	0	0	11,593	

### 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	
SUSSEX	4,439		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,930		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,852		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400306168	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400306171	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400306173	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)