

FORM
5Rev
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:

400314389

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 05-123-34871-00

6. County: WELD

7. Well Name: Bosky PC

Well Number: Z22-14

8. Location: QtrQtr: SESW Section: 22 Township: 1N Range: 64W Meridian: 6

Footage at surface: Distance: 640 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 40.031220 As Drilled Longitude: -104.539380

GPS Data:

Date of Measurement: 04/18/2012 PDOP Reading: 5.9 GPS Instrument Operator's Name: Paul Tappy

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/12/2012 13. Date TD: 02/14/2012 14. Date Casing Set or D&A: 02/16/2012

15. Well Classification:

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

16. Total Depth MD 8120 TVD** 17 Plug Back Total Depth MD 8061 TVD**

18. Elevations GR 5145 KB 5158

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:

Triple Combo, CBL

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	0	1,400	531	0	1,400	
1ST	7+7/8	4+1/2	11.6	0	8,107	705	2,346	8,107	

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	3,461		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,792		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,350		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,414		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,685		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,886		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,262		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,286		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,297		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,349		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	7,569		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,671		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,716		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,729		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	7,839		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,912		<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: Liz Lindow

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

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400314456	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>		
400314410	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400314412	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)