

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:

400307548

Date Received:

07/23/2012

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: Sarah Finnegan

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2265

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34665-00

6. County: WELD

7. Well Name: BOOTH CC

Well Number: 31-13

8. Location: QtrQtr: SWSW Section: 31 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 679 feet Direction: FSL Distance: 778 feet Direction: FWL

As Drilled Latitude: 40.263600 As Drilled Longitude: -104.487170

GPS Data:

Date of Measurement: 04/10/2012 PDOP Reading: 2.3 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/10/2012 13. Date TD: 03/12/2012 14. Date Casing Set or D&A: 03/14/2012

15. Well Classification:

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

16. Total Depth MD 7150 TVD** 17 Plug Back Total Depth MD 7095 TVD**

18. Elevations GR 4818 KB 4832

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 | 24.00 | 0 | 740 | 279 | 0 | 740 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.60 | 0 | 7,140 | 565 | 2,360 | 7,140 | CBL |

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 | |
| PIERRE | 2,688 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,672 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,258 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,020 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,570 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,839 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,870 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 6,951 | | <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: Sarah Finnegan

Title: Regulatory Analyst Date: 7/23/2012 Email: sfinnegan@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400308537 | 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> | | | | | |
| 400307548 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400308161 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400308164 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)