

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:

400331728

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35585-00

6. County: WELD

7. Well Name: BUTTERBALL D

Well Number: 19-19D

8. Location: QtrQtr: NENW Section: 19 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1055 feet Direction: FNL Distance: 1539 feet Direction: FWL

As Drilled Latitude: 40.215090 As Drilled Longitude: -104.597180

GPS Data:

Data of Measurement: 06/27/2012 PDOP Reading: 5.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1591 feet. Direction: FNL Dist.: 1233 feet. Direction: FWL

Sec: 19 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1586 feet. Direction: FNL Dist.: 1235 feet. Direction: FWL

Sec: 19 Twp: 3N Rng: 64W

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) 06/12/2012 13. Date TD: 06/15/2012 14. Date Casing Set or D&A: 06/16/2012

15. Well Classification:

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

16. Total Depth MD 7746 TVD** 7681 17 Plug Back Total Depth MD 7691 TVD** 7626

18. Elevations GR 4790 KB 4803

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:

Caliper/Comp. Density/Neutron/GR/SP/ML
DIL/GR/SP/Caliper
CBL/CCL/GR

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	13	741	250	13	741	
1ST	7+7/8	4+1/2	11.6	2360	5,918	755	2,360	5,918	

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	526		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,827		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,396		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,967		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,802		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,105		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,582		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CODELL & J SAND ARE PRODUCING THROUGH COMPOSITE FLOW THROUGH PLUGS.

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

Signed: _____

Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: _____

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400332361	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400332359	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"/>
<u>Other Attachments</u>					
400332360	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332362	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332364	LAS-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332365	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)