

**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



DE ET OE ES

Document Number:

400446121

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 05-123-36799-00

6. County: WELD

7. Well Name: Shable Federal

Well Number: LB33-78HNX

8. Location: QtrQtr: NWNW Section: 33 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 288 feet Direction: FNL Distance: 400 feet Direction: FWL

As Drilled Latitude: 40.712413 As Drilled Longitude: -104.105882

## GPS Data:

Date of Measurement: 06/19/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandi Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FWL

Sec: 0 Twp: 0 Rng: 0

\*\* If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 659 feet. Direction: FWL

Sec: 33 Twp: 9N Rng: 60W

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) 03/29/2013 13. Date TD: 04/12/2013 14. Date Casing Set or D&amp;A: 04/13/2013

## 15. Well Classification:

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

16. Total Depth MD 6716 TVD\*\* 6683 17 Plug Back Total Depth MD 6687 TVD\*\* 6654

18. Elevations GR 4940 KB 4956

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, Mud, Gamma. Sent CBL 7/12/13

## 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	26+0/0	16+0/0	42.05	0	106	80	0	106	VISU
SURF	13+3/4	9+5/8	36.00	0	632	349	0	632	VISU
1ST	8+3/4	7+0/0	26.00	0	6,732	555	1,404	6,732	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 04/05/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		220	6,097	6,716
	1ST		270	5,343	5,962

Details of work:

Wellbore 00 planned pilot hole.

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	2,618		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,536		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,306		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,036		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,298		<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>					
400446402	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400446405	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>					
400446412	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446417	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446882	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446885	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446887	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446890	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446892	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446896	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)