

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:

400446856

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 05-123-36799-01

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:

Data 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.: 850 feet. Direction: FNL Dist.: 699 feet. Direction: FWL

Sec: 33 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 65 feet. Direction: FNL Dist.: 650 feet. Direction: FWL

Sec: 4 Twp: 8N Rng: 60

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&A: 04/13/2013

15. Well Classification:

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

16. Total Depth MD 10621 TVD** 6344 17 Plug Back Total Depth MD 10605 TVD** 6328

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	CALC
SURF	13+3/4	9+5/8	36.00	0	632	349	0	632	CALC
1ST	8+3/4	7+0/0	26.00	0	6,732	555	1,404	6,732	VISU
1ST LINER	6+1/8	4+1/2	11.60	6920	10,606	0			

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	2,618		<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:

Used the BHL of the pilot hole as the starting point for the directional for the HZ BHL.

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>					
400447956	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400447963	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>					
400447932	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447934	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447936	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447939	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447943	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447944	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447953	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447975	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)