

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:

400525020

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 05-123-37165-00 6. County: WELD  
7. Well Name: TREBOR Well Number: B11-68-1HN  
8. Location: QtrQtr: NWNW Section: 11 Township: 5N Range: 64W Meridian: 6  
Footage at surface: Distance: 270 feet Direction: FNL Distance: 673 feet Direction: FWL  
As Drilled Latitude: 40.420360 As Drilled Longitude: -104.524599

GPS Data:

Date of Measurement: 11/06/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: Brandy Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 569 feet. Direction: FNL Dist.: 1342 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 1129 feet. Direction: FNL Dist.: 564 feet. Direction: FEL

Sec: 11 Twp: 5N 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) 07/26/2013 13. Date TD: 08/02/2013 14. Date Casing Set or D&A: 08/03/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10552 TVD\*\* 6605 17 Plug Back Total Depth MD 10539 TVD\*\* 6605

18. Elevations GR 4606 KB 4636

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

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	18+1/2	16+0/0	84.00	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	673	398	0	673	VISU
1ST	8+3/4	7+0/0	26.00	0	6,998	560	1,060	6,998	CALC
1ST LINER	6+1/8	4+1/2	11.60	6896	10,541	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	2,256		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,452		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,194		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,843		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,688		<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 ?	
<b>Attachment Checklist</b>			
400525185	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400525186	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"/>
<b>Other Attachments</b>			
400525155	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525157	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525159	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525162	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525167	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525168	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525171	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400525190	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)