

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



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Document Number:
400587978

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 05-123-36701-00 6. County: WELD
7. Well Name: SHABLE USX PC AB Well Number: 11-63-1HNL
8. Location: QtrQtr: SWSW Section: 11 Township: 7N Range: 64W Meridian: 6
Footage at surface: Distance: 698 feet Direction: FSL Distance: 250 feet Direction: FWL
As Drilled Latitude: 40.582369 As Drilled Longitude: -104.525200

GPS Data:

Data of Measurement: 11/06/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: william Baldwin

** If directional footage at Top of Prod. Zone Dist.: 1005 feet. Direction: FSL Dist.: 836 feet. Direction: FWL

Sec: 11 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 990 feet. Direction: FSL Dist.: 535 feet. Direction: FEL

Sec: 12 Twp: 7N 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) 05/20/2013 13. Date TD: 06/02/2013 14. Date Casing Set or D&A: 06/07/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 16399 TVD** 6837 17 Plug Back Total Depth MD 16380 TVD** 6837

18. Elevations GR 4818 KB 4834

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

Shut In Well

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	1+6/0	49.09	0	96	80	0	96	
SURF	13+3/4	9+5/8	36.00	0	792	382	0	792	
1ST	8+3/4	7+0/0	26.00	0	7,245	600	1,282	7,245	
1ST LINER	6+1/8	4+1/2	11.60	7143	16,389	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	1,166		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,711		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,404		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,136		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,124		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Shut In Well

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 ?	
Attachment Checklist			
400588063	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400588068	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"/>
Other Attachments			
400588078	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588084	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588090	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588093	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588103	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588109	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588113	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588115	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588120	LAS-MUD	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)