

FORM  
5Rev  
09/14

# 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:  
400777236

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

OGCC Operator Number: <u>100322</u>	Contact Name: <u>EILEEN ROBERTS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number: <u>05-123-39559-00</u>	County: <u>WELD</u>
Well Name: <u>SHABLE</u>	Well Number: <u>K08-68-1HN</u>
Location:    QtrQtr: <u>NENE</u> Section: <u>7</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
Footage at surface:    Distance: <u>652</u> feet    Direction: <u>FNL</u> Distance: <u>291</u> feet    Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.332363</u> As Drilled Longitude: <u>-104.813017</u>	

### GPS Data:

Date of Measurement: 07/08/2014    PDOP Reading: 2.6    GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone    Dist.: 906 feet. Direction: FNL    Dist.: 909 feet. Direction: FWL

Sec: 8      Twp: 4N      Rng: 66W

\*\* If directional footage at Bottom Hole    Dist.: 1004 feet. Direction: FNL    Dist.: 75 feet. Direction: FEL

Sec: 9      Twp: 4N      Rng: 66W

Field Name: WATTENBERG      Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 07/20/2014    Date TD: 08/03/2014    Date Casing Set or D&A: 08/06/2014

Rig Release Date: 08/07/2014    Per Rule 308A.b.

### Well Classification:

Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

Total Depth    MD 17456    TVD\*\* 7135    Plug Back Total Depth    MD 17456    TVD\*\* 7135

Elevations    GR 4715    KB 4745    Digital Copies of ALL Logs must be Attached per Rule 308A   

### List Electric Logs Run:

CBL/Mud/Gamma

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.09	0	130	65	0	130	VISU
SURF	13+1/2	9+5/8	36	0	623	320	0	623	VISU
1ST	8+3/4	7	26	0	7,481	627	235	7,481	CBL
1ST LINER	6+1/8	4+1/2	11.60	7373	17,446				

### 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:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,606				
PARKMAN	3,652				
SUSSEX	4,350				
SHANNON	4,739				
NIOBRARA	6,996				

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 Analyst I

Date: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400777327	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400777331	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>			
400777306	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777308	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777320	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777323	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777325	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777326	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777353	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)