

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

400108868

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: Justin Garrett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31759-00 6. County: WELD  
7. Well Name: BASHOR PC GQ Well Number: 15-13  
8. Location: QtrQtr: SWSW Section: 15 Township: 10N Range: 61W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL  
As Drilled Latitude: 40.828730 As Drilled Longitude: -104.199590

GPS Data:

Data of Measurement: 07/21/2010 PDOP Reading: 5.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: GROVER 10. Field Number: 33380

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

12. Spud Date: (when the 1st bit hit the dirt) 07/06/2010 13. Date TD: 07/09/2010 14. Date Casing Set or D&A: 07/09/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7580 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7521 TVD \_\_\_\_\_

18. Elevations GR 5029 KB 5041

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/GR/CCL, Spectral Gamma Ray, Density/Neutron/AC/TR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8		1,070	304	0	1,070	
1ST	7+7/8	5+1/2		7,566	630	152	7,566	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
PARKMAN	3,660		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,698		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,475		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,773		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,820		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,287		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,344		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,370		<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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400108874	LAS-GAMMA RAY
400108875	LAS-TRIPLE COMBINATION
400108877	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)