

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400146626

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: Cheryl Johnson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11944-00 6. County: YUMA
7. Well Name: Nelson Well Number: 41-36
8. Location: QtrQtr: NENE Section: 36 Township: 2N Range: 47W Meridian: 6
Footage at surface: Distance: 1160 feet Direction: FNL Distance: 1160 feet Direction: FEL
As Drilled Latitude: 40.101299 As Drilled Longitude: -102.571972

GPS Data:

Data of Measurement: 01/27/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bill Strickert

** 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: SCHRAMM 10. Field Number: 76825
11. Federal, Indian or State Lease Number: 74/6536-S

12. Spud Date: (when the 1st bit hit the dirt) 12/19/2010 13. Date TD: 12/21/2010 14. Date Casing Set or D&A: 12/19/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 2783 TVD _____ 17 Plug Back Total Depth MD 2714 TVD _____18. Elevations GR 4004 KB 4010

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:

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
SURF	9+7/8	7+0/0	17	0	483	226	0	483	CALC
1ST	6+1/4	4+1/2	10.5	0	2,757	132	0	2,757	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	
NIOBRARA	2,553		<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: Cheryl Johnson

Title: Regulatory Analyst Date: _____ Email: cheryljohnson@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
400166385	CEMENT JOB SUMMARY
400166387	
400166424	LAS-TRIPLE COMBINATION
400166425	LAS-CEMENT BOND

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)