

**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



DE ET OE ES

Document Number:

400150269

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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-045-18777-00

6. County: GARFIELD

7. Well Name: Double B Ranch

Well Number: 18-44B (17M)

8. Location: QtrQtr: SWSW Section: 17 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 605 feet Direction: FSL Distance: 476 feet Direction: FWL

As Drilled Latitude: 39.433420 As Drilled Longitude: -107.917813

GPS Data:

Data of Measurement: 12/15/2010 PDOP Reading: 0.6 GPS Instrument Operator's Name: James Seak

** If directional footage at Top of Prod. Zone Dist.: 858 feet. Direction: FSL Dist.: 564 feet. Direction: FEL

Sec: 18 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 825 feet. Direction: FNL Dist.: 638 feet. Direction: FEL

Sec: 18 Twp: 7S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/08/2011 13. Date TD: 04/18/2011 14. Date Casing Set or D&A: 04/19/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9387 TVD** 9286 17 Plug Back Total Depth MD 9335 TVD** 9234

18. Elevations GR 7558 KB 7582

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:

RMT, CBL

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	16	75	0	124	200	0	124	CALC
SURF	12+1/4	8+5/8	32	0	1,541	330	0	1,541	CALC
1ST	7+7/8	4+1/2	11.6	0	9,387	663	4,550	9,387	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	
WILLIAMS FORK	6,025		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,712		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,169		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of gas MD= 7312; hard copies of logs sent 6/20/2011

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Permit Representative Date: 6/28/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400150285	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400179394	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"/>
<u>Other Attachments</u>					
400150269	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400179384	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400179385	LAS-PULSED NEUTRON	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)