

**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:

400239521

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: Andrea Rawson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-014-09435-00

6. County: BROOMFIELD

7. Well Name: Livingston

Well Number: 43-07

8. Location: QtrQtr: NESE Section: 7 Township: 1S Range: 68W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 39.977580 As Drilled Longitude: -105.037000

GPS Data:

Date of Measurement: 06/07/2010 PDOP Reading: 4.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 10/11/2002 13. Date TD: 10/17/2002 14. Date Casing Set or D&A: 10/17/2002

15. Well Classification:

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

16. Total Depth MD 8842 TVD** 17 Plug Back Total Depth MD 8782 TVD**

18. Elevations GR 5336 KB 5348

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, CDL/CNL/DIL
NO LAS logs to upload well drilled in 2002.

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 | 12+1/4 | 8+5/8 | 24 | 0 | 1,162 | 815 | 0 | 1,162 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,841 | 195 | 7,570 | 8,841 | |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/pref 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 | |
| PARKMAN | 4,651 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 5,117 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 6,041 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,874 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 8,283 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 8,302 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,731 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

Signed: _____ Print Name: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

General Comments

User Group **Comment** **Comment Date**

| | | |
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Total: 0 comment(s)