

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400310993

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-123-34801-00
6. County: WELD
7. Well Name: SHABLE Well Number: G17-24D
8. Location: QtrQtr: SWSE Section: 17 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 722 feet Direction: FSL Distance: 2022 feet Direction: FEL
As Drilled Latitude: 40.307150 As Drilled Longitude: -104.684770

GPS Data:
Date of Measurement: 02/09/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1328 feet. Direction: FSL Dist.: 2549 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 65W
** If directional footage at Bottom Hole Dist.: 1328 feet. Direction: FSL Dist.: 2546 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 65W

9. Field Name: HAMBERT 10. Field Number: 33530
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/01/2012 13. Date TD: 02/04/2012 14. Date Casing Set or D&A: 02/07/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7900 TVD** 7810 17 Plug Back Total Depth MD 6252 TVD** 6162

18. Elevations GR 4759 KB 4773
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
Triple Combo

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	660	284	0	660	
1ST	7+7/8	4+1/2	11.6	0	7,890	825	3,710	7,890	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1		205	6,908	7,890
DV TOOL	S.C. 1.2		620	3,710	6,262

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	3,769		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,504		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,308		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,206		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,961		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,255		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,278		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,731		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,745		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 7/23/2012

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

Signed: _____

Print Name: Tania McNutt

Title: Regulatory Analyst

Date: _____

Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400311015	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400311014	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"/>
Other Attachments			
400311009	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400311010	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400311012	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)