

FORM
5Rev
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: 400273721			
Date Received: 04/25/2012			

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

5. API Number 05-123-34366-00	6. County: WELD
7. Well Name: Booth USX	Well Number: EE25-12D
8. Location: QtrQtr: SWNW Section: 25 Township: 7N Range: 65W Meridian: 6	
Footage at surface: Distance: 2400 feet Direction: FNL	Distance: 996 feet Direction: FWL
As Drilled Latitude: 40.545520	As Drilled Longitude: -104.616960

GPS Data:

Data of Measurement: 04/19/2012 PDOP Reading: 4.5 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2010 feet. Direction: FSL Dist.: 646 feet. Direction: FWL

Sec: 25 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2009 feet. Direction: FSL Dist.: 648 feet. Direction: FWL

Sec: 25 Twp: 7N Rng: 65W

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) 10/20/2011 13. Date TD: 10/23/2011 14. Date Casing Set or D&A: 10/24/2011

15. Well Classification:

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

16. Total Depth MD 7470 TVD** 7328 17 Plug Back Total Depth MD 7415 TVD** 7273

18. Elevations GR 4818 KB 4831

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/CCL/GR
SPECTRAL DENSITY/NEUTRON

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	32	13	740	243	0	740	CALC
1ST	7+7/8	4+1/2	11.6	13	7,460	600	2,010	7,460	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	
NIOBRARA	6,951		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,241		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,262		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 4/25/12

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: 4/25/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400273805	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400273804	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"/>
400276885	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400273721	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273792	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273794	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273807	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)