

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



|    |    |    |    |
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| DE | ET | OE | ES |
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Document Number:

400293716

Date Received:

06/11/2012

## 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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32392-00

6. County: WELD

7. Well Name: BOULTER

Well Number: G14-24

8. Location: QtrQtr: SESW Section: 14 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 1300 feet Direction: FSL Distance: 2469 feet Direction: FWL

As Drilled Latitude: 40.308720 As Drilled Longitude: -104.630850

## GPS Data:

Data of Measurement: 04/12/2012 PDOP Reading: 3.1 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) 02/25/2012 13. Date TD: 02/27/2012 14. Date Casing Set or D&amp;A: 02/29/2012

## 15. Well Classification:

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

16. Total Depth MD 7195 TVD\*\* 17 Plug Back Total Depth MD 7140 TVD\*\*

18. Elevations GR 4699 KB 4712

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/GRL/CCL, CDL/CNL/ML, HRIL.

## 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          | 24.00 | 13            | 736           | 250       | 0       | 746     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.60 | 13            | 7,183         | 555       | 2,885   | 7,183   | 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                    |   |
| SUSSEX                                 | 4,267          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                | 4,873          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 6,710          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 6,995          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,019          |        | <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: Eileen Roberts |                                    |
| Title: Regulatory Specialist   | Date: 6/11/2012            | Email: eroberts@nobleenergyinc.com |

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400294100                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input 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 checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Other                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 400293716                   | FORM 5 SUBMITTED       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400294097                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment   | Comment Date             |
|------------|---|--------------------------|
| Permit     | Changed top of Niobrara per operator.                             | 10/1/2012<br>4:09:53 PM  |
| Permit     | High Density is the triple combo per operator.                    | 9/25/2012<br>2:25:03 PM  |
| Permit     | On hold. Requested digital version of High Density Induction log. | 9/20/2012<br>10:33:11 AM |

Total: 3 comment(s)