

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



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Document Number:
400414351

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: JEAN MUSE-REYNOLDS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36262-00 6. County: WELD
 7. Well Name: Jeanie Well Number: AB10-01R
 8. Location: QtrQtr: SENE Section: 10 Township: 7N Range: 64W Meridian: 6
 Footage at surface: Distance: 1440 feet Direction: FNL Distance: 780 feet Direction: FEL
 As Drilled Latitude: 40.590930 As Drilled Longitude: -104.528680

GPS Data:
 Date of Measurement: 12/03/2012 PDOP Reading: 2.8 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: TOM CAT 10. Field Number: 82390
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2012 13. Date TD: 12/13/2012 14. Date Casing Set or D&A: 12/08/2012

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

16. Total Depth MD 9027 TVD** _____ 17 Plug Back Total Depth MD 8930 TVD** _____

18. Elevations GR 4832 KB 4845 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
CONDUCTOR	18+0/0	16+0/0		13	93	80	0	93	
SURF	13+3/4	9+5/8	36	13	885	412	0	885	
1ST	8+3/4	7+0/0	26	13	9,020	379	5,910	9,020	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	
PIERRE	1,174		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,679		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,391		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,137		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,698		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,978		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,002		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,457		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,772		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WELL WAS ONLY PERFORATED, NO TREATMENT.

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

Signed: _____

Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: _____

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400416146	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"/>
Other Attachments			
400416137	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416139	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416141	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416199	PDF-	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)