

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:

400414351

Date Received:

05/13/2013

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:

Data 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		0	93	80	0	93	CALC
SURF	13+3/4	9+5/8	36	0	885	411	0	885	CALC
1ST	8+3/4	7+0/0	26	0	9,020	379	6,170	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
DV TOOL	1ST	7,820			

Details of work:

DV tool was not used.

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: 5/13/2013 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			
400414351	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416137	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416139	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416141	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416199	PDF-DENSITY/NEUTRON	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)