

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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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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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**

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Total: 0 comment(s)