

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:

400448878

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: Kathleen Mills  
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-36800-00 6. County: WELD  
7. Well Name: Shable LB Well Number: 32-68HN  
8. Location: QtrQtr: NWNW Section: 33 Township: 9N Range: 60W Meridian: 6  
Footage at surface: Distance: 288 feet Direction: FNL Distance: 250 feet Direction: FWL  
As Drilled Latitude: 40.712407 As Drilled Longitude: -104.106420

GPS Data:

Date of Measurement: 06/19/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: BRANDI BINGHAM

\*\* If directional footage at Top of Prod. Zone Dist.: 701 feet. Direction: FNL Dist.: 768 feet. Direction: FEL  
Sec: 32 Twp: 9N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 859 feet. Direction: FNL Dist.: 661 feet. Direction: FWL  
Sec: 32 Twp: 9N Rng: 60W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/14/2013 13. Date TD: 04/23/2013 14. Date Casing Set or D&A: 04/25/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10687 TVD\*\* 6356 17 Plug Back Total Depth MD 10671 TVD\*\* 6356

18. Elevations GR 4940 KB 4956

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, MUD, GR

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   | 26           | 16             | 84    | 0             | 102           | 80        | 0       | 102     | VISU   |
| SURF        | 13+3/4       | 9+5/8          | 36    | 0             | 629           | 343       | 0       | 629     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 6,719         | 555       | 1,850   | 6,719   | CALC   |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6623          | 10,672        | 0         |         |         |        |

**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         | 2,636          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN        | 3,556          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,327          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 5,057          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES  | 5,645          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,321          |        | <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: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400448924                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400448926                   | 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"/>            |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400448904                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448907                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448911                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448913                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448915                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448916                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448917                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448922                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400448927                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)