

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:

400287649

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: <u>100322</u>	4. Contact Name: <u>Tania McNutt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4392</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-33937-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BOULTER PC</u>	Well Number: <u>G11-20D</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>11</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>471</u> feet Direction: <u>FSL</u> Distance: <u>1154</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.321060</u> As Drilled Longitude: <u>-104.635490</u>	

GPS Data:

Data of Measurement: 01/19/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2591 feet. Direction: FNL Dist.: 1291 feet. Direction: FWL

Sec: 11 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2595 feet. Direction: FNL Dist.: 1295 feet. Direction: FWL

Sec: 11 Twp: 4N Rng: 65W

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>01/05/2012</u>	13. Date TD: <u>01/08/2012</u>	14. Date Casing Set or D&A: <u>01/10/2012</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>7729</u> TVD** <u>7226</u>	17 Plug Back Total Depth MD <u>7647</u> TVD** <u>7144</u>
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18. Elevations GR <u>4683</u> KB <u>4697</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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
SURF	12+1/4	8+5/8	24	14	767	357	0	767	
1ST	7+7/8	4+1/2	11.6	14	7,719	630	1,150	7,719	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	2,818		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,016		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,740		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,328		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,200		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,496		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,519		<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: Tania McNutt

Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400287881	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400287882	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"/>
<u>Other Attachments</u>			
400287875	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400287876	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400287877	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400287883	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)