

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:

400415412

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 05-123-33238-00

6. County: WELD

7. Well Name: CASTOR LC

Well Number: 27-72HN

8. Location: QtrQtr: SESE Section: 27 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL

As Drilled Latitude: 40.715560 As Drilled Longitude: -103.956080

GPS Data:

Data of Measurement: 11/06/2012 PDOP Reading: 5.2 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 964 feet. Direction: FSL Dist.: 670 feet. Direction: FEL

Sec: 27 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 649 feet. Direction: FNL Dist.: 853 feet. Direction: FEL

Sec: 27 Twp: 9N Rng: 59W

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) 08/14/2012 13. Date TD: 08/20/2012 14. Date Casing Set or D&A: 09/13/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10320 TVD\*\* 6006 17 Plug Back Total Depth MD 10304 TVD\*\* 5990

18. Elevations GR 4816 KB 4846

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, MWD-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	16	16	42.05	0	130	247	0	130	VISU
SURF	13+3/4	9+5/8	36	0	629	271	0	629	VISU
1ST	8+3/4	7	26	0	6,453	525	903	6,453	CALC
1ST LINER	6+1/8	4+1/2	11.6	6352	10,305	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	2,469		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,387		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,108		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,496		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,256		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,096		<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 ?			
<u>Attachment Checklist</u>					
400415466	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400415467	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>					
400415439	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415440	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415445	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415446	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415468	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)