

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:
400436515

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 05-123-36667-00 6. County: WELD
7. Well Name: KRIER Well Number: GV26-62HN
8. Location: QtrQtr: SESE Section: 26 Township: 9N Range: 61W Meridian: 6
Footage at surface: Distance: 236 feet Direction: FSL Distance: 410 feet Direction: FEL
As Drilled Latitude: 40.713518 As Drilled Longitude: -104.164304

GPS Data:
Date of Measurement: 06/05/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 637 feet. Direction: FSL Dist.: 889 feet. Direction: FEL
Sec: 26 Twp: 9N Rng: 61W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 660 feet. Direction: FWL
Sec: 26 Twp: 9N Rng: 61W

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) 02/28/2013 13. Date TD: 03/06/2013 14. Date Casing Set or D&A: 03/07/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10808 TVD** 6470 17 Plug Back Total Depth MD 10792 TVD** 6454

18. Elevations GR 4974 KB 4998 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 SENT 6/20/13, 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	24+1/16	16	42.09	0	124		0	124	VISU
SURF	13+3/4	9+5/8	36	0	843	422	0	843	VISU
1ST	8+3/4	7	26	0	6,909	580	1,250	6,909	CALC
1ST LINER	6+1/8	4+1/2	11.6	6821	10,793	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	2,675		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,566		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,195		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,915		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,799		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,607		<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 ?	
Attachment Checklist			
400436561	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400436564	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"/>
Other Attachments			
400436548	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436550	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436551	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436553	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436555	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436559	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436567	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438243	PDF-CEMENT BOND	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)