

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:

400460807

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33080-00

6. County: WELD

7. Well Name: CASTOR FEDERAL LC

Well Number: 22-78HN

8. Location: QtrQtr: NWNW Section: 22 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL

As Drilled Latitude: 40.741856 As Drilled Longitude: -103.970458

GPS Data:

Data of Measurement: 05/24/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1203 feet. Direction: FNL Dist.: 456 feet. Direction: FWL

Sec: 22 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 714 feet. Direction: FSL Dist.: 648 feet. Direction: FWL

Sec: 22 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) 01/11/2013 13. Date TD: 01/17/2013 14. Date Casing Set or D&A: 01/18/2013

15. Well Classification:

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

16. Total Depth MD 10391 TVD\*\* 6134 17 Plug Back Total Depth MD 10359 TVD\*\* 6102

18. Elevations GR 4916 KB 4946

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/Gamma.

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+0/0	16+0/0	42.09	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	657	326	0	657	VISU
1ST	8+3/4	7+0/0	26.00	0	6,561	540	507	6,561	CALC
1ST LINER	6+1/8	4+1/2	11.60	6420	10,376	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	2,556		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,470		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,200		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,626		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,183		<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: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400461266	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400461938	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><u>Other Attachments</u></b>		
400461222	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461232	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461238	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461242	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461248	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461255	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461261	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461263	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461264	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400461956	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)