

FORM
5Rev
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:

400488909

Date Received:

10/02/2013

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 05-123-36379-00

6. County: WELD

7. Well Name: NAKAGAWA

Well Number: B13-65-1HN

8. Location: QtrQtr: SWSW Section: 13 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1083 feet Direction: FSL Distance: 239 feet Direction: FWL

As Drilled Latitude: 40.394998 As Drilled Longitude: -104.507233

GPS Data:

Data of Measurement: 08/07/2013 PDOP Reading: 3.3 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 2310 feet. Direction: FSL Dist.: 918 feet. Direction: FWL

Sec: 13 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2293 feet. Direction: FSL Dist.: 568 feet. Direction: FEL

Sec: 13 Twp: 5N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/12/2013 13. Date TD: 07/20/2013 14. Date Casing Set or D&A: 07/20/2013

15. Well Classification:

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

16. Total Depth MD 11037 TVD** 6533 17 Plug Back Total Depth MD 11019 TVD** 6533

18. Elevations GR 4570 KB 4600

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	42.09	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36	0	625	349	0	625	VISU
1ST	8+3/4	7	26	0	7,076	580	1,790	7,076	CALC
1ST LINER	6+1/8	4+1/2	11.6	6925	11,027	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	2,225		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,440		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,028		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,809		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,831		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,652		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I HAD PROBLEMS GETTING THE TEMPLATE TO ATTACH - IN THE END 2 WERE ATTACHED AND I COULD NOT DELETE ONE. THEY ARE IDENTICAL.

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: 10/2/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400488996	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400488997	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>					
400488909	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488980	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488981	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488982	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488987	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488988	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488990	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488991	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488993	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489496	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489504	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)