

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:

400521562

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: EILEEN ROBERTS  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-36660-00  
6. County: WELD  
7. Well Name: TIMBRO Well Number: LC13-77-1HNX  
8. Location: QtrQtr: NENW Section: 24 Township: 9N Range: 59W Meridian: 6  
Footage at surface: Distance: 280 feet Direction: FNL Distance: 1800 feet Direction: FWL  
As Drilled Latitude: 40.742856 As Drilled Longitude: -103.929317

GPS Data:

Date of Measurement: 07/22/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: Brandy Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 0 feet. Direction: FWL

Sec: 0 Twp: 0 Rng: 0

\*\* If directional footage at Bottom Hole Dist.: 670 feet. Direction: FNL Dist.: 1665 feet. Direction: FWL

Sec: 13 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) 05/04/2013 13. Date TD: 05/06/2013 14. Date Casing Set or D&A: 05/17/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10290 TVD\*\* 5961 17 Plug Back Total Depth MD 10273 TVD\*\* 5961

18. Elevations GR 4860 KB 4884  
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	18+1/2	16+0/0	84.00	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	641	321	0	641	VISU
1ST	8+3/4	7+0/0	26.00	0	6,708	535	860	6,708	VISU

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		285	6,479	7,029
	1ST		250	5,829	6,379

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	2,471		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,381		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,819		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,497		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,161		<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>Attachment Checklist</b>			
400524070	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400524492	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>Other Attachments</b>			
400524078	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524120	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524123	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524125	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524129	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524130	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524145	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524302	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524488	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)