

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:

400527998

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 05-123-37325-00 6. County: WELD  
7. Well Name: Wolfpack Well Number: B02-63-1HN  
8. Location: QtrQtr: NWSW Section: 2 Township: 5N Range: 64W Meridian: 6  
Footage at surface: Distance: 1418 feet Direction: FSL Distance: 169 feet Direction: FWL  
As Drilled Latitude: 40.424985 As Drilled Longitude: -104.526344

GPS Data:

Data of Measurement: 11/06/2013 PDOP Reading: 3.6 GPS Instrument Operator's Name: William Baldwin

\*\* If directional footage at Top of Prod. Zone Dist.: 1008 feet. Direction: FSL Dist.: 993 feet. Direction: FWL

Sec: 2 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 999 feet. Direction: FSL Dist.: 664 feet. Direction: FEL

Sec: 2 Twp: 5N Rng: 64W

9. Field Name: KERSEY 10. Field Number: 44600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/21/2013 13. Date TD: 07/30/2013 14. Date Casing Set or D&A: 08/01/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10875 TVD\*\* 6616 17 Plug Back Total Depth MD 10856 TVD\*\* 6616

18. Elevations GR 4615 KB 4631

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, Gamma/Mud

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+0/0	16+0/0	84.00	0	100	80	0	100	VISU
SURF	13+3/4	9+5/8	36.00	0	614	320	0	614	VISU
1ST	8+3/4	7+0/0	26.00	0	7,069	580	16	7,069	CALC
1ST LINER	6+1/8	4+1/2	11.60	6962	10,865	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	1,487		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	2,276		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	2,899		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,519		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,649		<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>			
400528272	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400528275	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>			
400528243	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400528278	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400528648	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400528652	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400528655	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400528667	PDF-MUD	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)