

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:

400608959

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 05-123-37807-00

6. County: WELD

7. Well Name: Schafer

Well Number: K16-64-1HN

8. Location: QtrQtr: NESE Section: 16 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2284 feet Direction: FSL Distance: 340 feet Direction: FEL

As Drilled Latitude: 40.310702 As Drilled Longitude: -104.774425

## GPS Data:

Data of Measurement: 09/18/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brandi Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 1642 feet. Direction: FSL Dist.: 538 feet. Direction: FEL

Sec: 16 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 535 feet. Direction: FSL Dist.: 1650 feet. Direction: FWL

Sec: 16 Twp: 4N Rng: 66W

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) 10/30/2013 13. Date TD: 11/07/2013 14. Date Casing Set or D&amp;A: 11/09/2013

## 15. Well Classification:

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

16. Total Depth MD 11642 TVD\*\* 7142 17 Plug Back Total Depth MD 11427 TVD\*\* 7142

18. Elevations GR 4744 KB 4760

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	26+0/0	16+0/0	84.00	0	92	64	0	92	VISU
SURF	13+3/4	9+5/8	36.00	0	583	364	0	583	VISU
1ST	8+3/4	7+0/0	26.00	0	7,552	690	410	7,552	CALC
1ST LINER	6+1/8	4+1/2	11.60	7259	11,429	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	863		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,783		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,292		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,915		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,087		<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 ?
<u>Attachment Checklist</u>		
400609102	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400609107	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>		
400609074	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609083	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609086	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609090	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609097	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609099	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400609111	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)