

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:  
400616050

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 05-123-38086-00  
6. County: WELD  
7. Well Name: Five Rivers Well Number: K07-62-1HN  
8. Location: QtrQtr: SESE Section: 8 Township: 4N Range: 66W Meridian: 6  
Footage at surface: Distance: 884 feet Direction: FSL Distance: 687 feet Direction: FEL  
As Drilled Latitude: 40.321379 As Drilled Longitude: -104.794687

GPS Data:  
Date of Measurement: 11/13/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 359 feet. Direction: FSL Dist.: 1309 feet. Direction: FEL  
Sec: 8 Twp: 4N Rng: 66W  
\*\* If directional footage at Bottom Hole Dist.: 319 feet. Direction: FSL Dist.: 536 feet. Direction: FWL  
Sec: 7 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) 12/24/2013 13. Date TD: 01/11/2014 14. Date Casing Set or D&A: 01/19/2014

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 16152 TVD\*\* 6978 17 Plug Back Total Depth MD 16135 TVD\*\* 6978

18. Elevations GR 4702 KB 4718  
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	42.09	0	94	64	0	94	VISU
SURF	13+3/4	9+5/8	36.00	0	624	364	0	624	VISU
1ST	8+3/4	7+0/0	26.00	0	7,438	672	176	7,438	CALC
1ST LINER	6+1/8	4+1/2	11.60	7322	16,137	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	779		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,718		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,776		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,046		<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>			
400616157	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400616159	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>			
400616130	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616132	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616137	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616152	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616154	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616156	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400616165	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)