

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:

400632130

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: 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 05-123-37983-00

6. County: WELD

7. Well Name: Sater

Well Number: CC18-74-1HN

8. Location: QtrQtr: SESE Section: 18 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FSL Distance: 375 feet Direction: FEL

As Drilled Latitude: 40.305628 As Drilled Longitude: -104.472395

GPS Data:

Data of Measurement: 02/13/2014 PDOP Reading: 3.5 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 844 feet. Direction: FSL Dist.: 1752 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 1643 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 63W

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) 03/30/2014 13. Date TD: 04/05/2014 14. Date Casing Set or D&A: 04/06/2014

15. Well Classification:

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

16. Total Depth MD 11637 TVD** 6552 17 Plug Back Total Depth MD 11626 TVD** 6552

18. Elevations GR 4678 KB 4702

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:

USIT, 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 | 42.05 | 0 | 124 | 80 | 0 | 124 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 629 | 324 | 0 | 629 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,129 | 583 | 550 | 7,129 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6978 | 11,627 | 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 | 2,638 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,439 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,159 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,816 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 5,897 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,843 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

GPS TAKEN ON CONDUCTOR

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: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400632167 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400632166 | 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> | | |
| 400632142 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632148 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632152 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632154 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632160 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632161 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632164 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632165 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400632168 | 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)