

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:

400649229

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 05-123-37984-00

6. County: WELD

7. Well Name: Sater

Well Number: CC18-73-1HN

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

Footage at surface: Distance: 300 feet Direction: FSL Distance: 337 feet Direction: FEL

As Drilled Latitude: 40.305645 As Drilled Longitude: -104.472252

GPS Data:

Date of Measurement: 12/13/2013 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Josson

\*\* If directional footage at Top of Prod. Zone Dist.: 683 feet. Direction: FSL Dist.: 993 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 77 feet. Direction: FNL Dist.: 1205 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) 03/21/2014 13. Date TD: 03/27/2014 14. Date Casing Set or D&A: 03/28/2014

15. Well Classification:

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

16. Total Depth MD 11576 TVD\*\* 6612 17 Plug Back Total Depth MD 11559 TVD\*\* 6612

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:

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	49.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	625	336	0	625	VISU
1ST	8+3/4	7+0/0	26.00	0	6,870	550	410	6,870	CALC
1ST LINER	6+1/8	4+1/2	11.60	6761	11,561	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	2,691		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,500		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,202		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,832		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,689		<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>		
400649415	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400649416	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>		
400649403	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649404	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649406	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649408	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649411	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649414	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400649420	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)