

FORM
5

Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400693076

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

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Kathleen Mills</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-38190-00</u>	County: <u>WELD</u>
Well Name: <u>OSCAR Y</u>	Well Number: <u>10-79-1HN</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2380</u> feet Direction: <u>FSL</u> Distance: <u>625</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.152258</u> As Drilled Longitude: <u>-104.545119</u>	

GPS Data:
Date of Measurement: 11/21/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 1919 feet. Direction: FNL Dist.: 311 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 326 feet. Direction: FWL

Sec: 3 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/01/2014 Date TD: 03/12/2014 Date Casing Set or D&A: 03/13/2014

Rig Release Date: 03/14/2014 *for Multi-Well Location ONLY

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

Total Depth MD 14437 TVD** 6885 Plug Back Total Depth MD 14421 TVD** 6885

Elevations GR 4943 KB 4973 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD. GR

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	17+1/2	16	42.05	0	130	88	0	130	VISU
SURF	13+3/4	9+5/8	36	0	1,163	510	0	1,172	VISU
1ST	8+3/4	7	26	0	7,225	600	800	7,225	CALC
1ST LINER	6+1/8	4+1/2	11.6	7117	14,422	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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,335				
PARKMAN	3,966				
SUSSEX	4,291				
SHANNON	5,114				
TEEPEE BUTTES	6,122				
NIOBRARA	6,967				

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 ?	
Attachment Checklist			
400693312	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400693313	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"/>
Other Attachments			
400693301	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693302	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693303	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693304	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693305	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693306	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693308	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693309	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693314	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)