

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



DE ET OE ES

Document Number:
400693602

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

API Number 05-123-38780-00 County: WELD
Well Name: TRISHA Well Number: LC29-75HNB
Location: QtrQtr: SWSE Section: 29 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 340 feet Direction: FSL Distance: 2205 feet Direction: FEL
As Drilled Latitude: 40.714946 As Drilled Longitude: -104.000356

GPS Data:
Date of Measurement: 03/02/2014 PDOP Reading: 3.0 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 1016 feet. Direction: FSL Dist.: 2622 feet. Direction: FEL
Sec: 29 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 680 feet. Direction: FNL Dist.: 2593 feet. Direction: FEL
Sec: 29 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/18/2014 Date TD: 06/23/2014 Date Casing Set or D&A: 06/24/2014
Rig Release Date: 06/25/2014 *for Multi-Well Location ONLY

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

Total Depth MD 10255 TVD** 6124 Plug Back Total Depth MD 10239 TVD** 6124

Elevations GR 4873 KB 4897 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	26	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	622	402	0	622	VISU
1ST	8+3/4	7	26	0	6,508	508	1,300	6,508	CALC
1ST LINER	6+1/8	4+1/2	11.50	6361	10,240	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	2,510				
PARKMAN	3,442				
SUSSEX	4,116				
SHANNON	4,490				
TEEPEE BUTTES	5,307				
NIOBRARA	6,147				NBBR B 6356

Comment:

GPS TAKEN ON CONDUCTOR. USIT - Wear flag spike around 5825' is not due to drill wear and there is an associated processing flag, does not appear valid.

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			
400693666	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400693667	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			
400693645	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693652	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693655	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693657	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693659	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693662	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693663	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693665	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693670	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)