

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:
400717593

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 05-123-38867-00 County: WELD
 Well Name: EAGLE E Well Number: 14-62-1HN
 Location: QtrQtr: SWSW Section: 14 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 383 feet Direction: FSL Distance: 530 feet Direction: FWL
 As Drilled Latitude: 40.479840 As Drilled Longitude: -104.638166

GPS Data:
 Date of Measurement: 04/04/2014 PDOP Reading: 6.6 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 350 feet. Direction: FSL Dist.: 1373 feet. Direction: FWL
 Sec: 14 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 340 feet. Direction: FSL Dist.: 783 feet. Direction: FWL
 Sec: 13 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/04/2014 Date TD: 07/11/2014 Date Casing Set or D&A: 07/12/2014
 Rig Release Date: 07/23/2014 Per Rule 308A.b.

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

Total Depth MD 12095 TVD** 6875 Plug Back Total Depth MD 12079 TVD** 6875

Elevations GR 4736 KB 4752 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR/RES

CASING, LINER AND CEMENT

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	0	96	48	0	96	VISU
SURF	13+3/4	9+5/8	36	0	661	356	0	661	VISU
1ST	8+3/4	7	26	0	7,210	629	250	7,210	CALC
1ST LINER	6+1/8	4+1/2	11.6	7104	12,080	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	997				
PARKMAN	3,609				
SUSSEX	4,157				
SHANNON	4,954				
TEEPEE BUTTES	6,038				
NIOBRARA	6,878				NBRR B 7136

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			
400717996	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400717994	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			
400717930	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717935	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717941	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717963	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717966	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717981	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717983	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400717985	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400718000	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)