

FORM  
5Rev  
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:

400725924

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

API Number 05-123-38863-00

County: WELD

Well Name: EAGLE E

Well Number: 14-79HN

Location: QtrQtr: SWSW Section: 14 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 360 feet Direction: FSL Distance: 530 feet Direction: FWL

As Drilled Latitude: 40.479786 As Drilled Longitude: -104.638182

## GPS Data:

Date of Measurement: 04/04/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 1077 feet. Direction: FSL Dist.: 84 feet. Direction: FWL

Sec: 14 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 538 feet. Direction: FNL Dist.: 57 feet. Direction: FWL

Sec: 14 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) 06/25/2014 Date TD: 07/01/2014 Date Casing Set or D&amp;A: 07/02/2014

Rig Release Date: 07/03/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11288 TVD\*\* 6977 Plug Back Total Depth MD 11276 TVD\*\* 6977

Elevations GR 4737 KB 4753 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/Mud/Gamma Ref well, Eagle 14-67-01HNC

## 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	18+0/0	16+0/0	42.00	0	96	48	0	96	VISU
SURF	13+3/4	9+5/8	36.00	0	657	364	0	657	VISU
1ST	8+3/4	7+0/0	26.00	0	7,398	608	380	7,398	CBL
1ST LINER	6+1/8	4+1/2	11.60	7289	11,278	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	1,045				
PARKMAN	3,644				
SUSSEX	4,176				
SHANNON	4,984				
NIOBRARA	6,853				

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>		
400726210	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400726211	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>		
400726214	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726254	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726258	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726260	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726263	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726267	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400726268	PDF-GAMMA RAY	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)