

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:
400752652

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 05-123-39480-00 County: WELD
 Well Name: FIVE RIVERS Well Number: K09-67-1HN
 Location: QtrQtr: SWNW Section: 9 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 2060 feet Direction: FNL Distance: 512 feet Direction: FWL
 As Drilled Latitude: 40.327978 As Drilled Longitude: -104.791033

GPS Data:
 Date of Measurement: 09/23/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 1619 feet. Direction: FNL Dist.: 612 feet. Direction: FWL
 Sec: 9 Twp: 4N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1697 feet. Direction: FNL Dist.: 78 feet. Direction: FEL
 Sec: 9 Twp: 4N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 07/18/2014 Date TD: 07/25/2014 Date Casing Set or D&A: 07/27/2014
 Rig Release Date: 09/03/2014 Per Rule 308A.b.

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

Total Depth MD 12260 TVD** 7101 Plug Back Total Depth MD 12260 TVD** 7101

Elevations GR 4700 KB 4730 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR

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	42.05	0	130	88	0	130	VISU
SURF	13+3/4	9+5/8	36	0	626	353	0	626	VISU
1ST	8+3/4	7	26	0	7,348	613	370	7,232	CBL
1ST LINER	6+1/8	4+1/2	11.6	7292	12,245				

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	2,597				
PARKMAN	3,638				
SUSSEX	4,360				
SHANNON	4,787				
TEEPEE BUTTES	6,196				
NIOBRARA	6,990				

Comment:

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			
400752792	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400752794	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			
400766107	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766110	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766112	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766113	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766115	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766116	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766117	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766118	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766121	LAS-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)