

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:

400766479

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 05-123-38844-00

County: WELD

Well Name: Brook

Well Number: LC28-74-1AHNC

Location: QtrQtr: SWSE Section: 28 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 340 feet Direction: FSL Distance: 1848 feet Direction: FEL

As Drilled Latitude: 40.715042 As Drilled Longitude: -103.979910

GPS Data:

Date of Measurement: 12/15/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 753 feet. Direction: FSL Dist.: 1847 feet. Direction: FEL

Sec: 28 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 684 feet. Direction: FNL Dist.: 1831 feet. Direction: FEL

Sec: 28 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) 07/28/2014 Date TD: 08/03/2014 Date Casing Set or D&A: 08/03/2014

Rig Release Date: 08/04/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10474 TVD** 6120 Plug Back Total Depth MD 10474 TVD** 6120

Elevations GR 4843 KB 4867 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, GR/RESISTIVITY

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	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	622	378	0	622	VISU
1ST	8+3/4	7	26	0	6,486	484	1,050	6,486	CBL
1ST LINER	6+1/8	4+1/2	11.6	6286	10,470	313	6,286	10,470	CBL

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	2,480				
PARKMAN	3,381				
SUSSEX	4,061				
SHANNON	4,429				
TEEPEE BUTTES	5,250				
NIOBRARA	5,990				

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 ?
<u>Attachment Checklist</u>		
400766489	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400766493	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>		
400766494	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766588	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766589	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766593	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766596	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766598	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766600	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766618	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766619	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766620	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)