

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



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Document Number:

400769095

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 05-123-39893-00

County: WELD

Well Name: Coalview

Well Number: G02-63-1HN

Location: QtrQtr: SESE Section: 1 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 1305 feet Direction: FSL Distance: 351 feet Direction: FEL

As Drilled Latitude: 40.337552 As Drilled Longitude: -104.603307

## GPS Data:

Date of Measurement: 08/12/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 977 feet. Direction: FSL Dist.: 928 feet. Direction: FEL

Sec: 1 Twp: 4N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 985 feet. Direction: FSL Dist.: 1147 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/30/2014 Date TD: 09/05/2014 Date Casing Set or D&amp;A: 09/08/2014

Rig Release Date: 10/05/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 15983 TVD\*\* 7057 Plug Back Total Depth MD 15983 TVD\*\* 7057

Elevations GR 4815 KB 4839 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, 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	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	670	328	0	670	VISU
1ST	8+3/4	7	26	0	7,384	611	1,025	7,384	CBL
1ST LINER	6+1/8	4+1/2	11.5	7181	15,973				

## 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	2,938				
PARKMAN	3,722				
SUSSEX	4,459				
SHANNON	5,039				
TEEPEE BUTTES	6,225				
NIOBRARA	7,012				

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 ?
<u>Attachment Checklist</u>		
400769286	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400769287	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>		
400769289	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773203	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773205	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773206	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773207	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773209	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773210	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773212	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400773213	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)