

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



DE ET OE ES

Document Number:
400774965

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 05-123-39478-00 County: WELD
Well Name: FIVE RIVERS Well Number: K07-65-1HN
Location: QtrQtr: NESE Section: 8 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 2189 feet Direction: FSL Distance: 58 feet Direction: FEL
As Drilled Latitude: 40.324940 As Drilled Longitude: -104.792778

GPS Data:

Date of Measurement: 07/09/2014 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 2257 feet. Direction: FSL Dist.: 864 feet. Direction: FEL
Sec: 8 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2310 feet. Direction: FSL Dist.: 535 feet. Direction: FWL
Sec: 7 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) 08/30/2014 Date TD: 09/11/2014 Date Casing Set or D&A: 09/13/2014

Rig Release Date: 09/15/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16510 TVD** 7075 Plug Back Total Depth MD 16510 TVD** 7075

Elevations GR 4700 KB 4726 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL/Mud/Gamma

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	126	80	0	126	VISU
SURF	13+1/2	9+5/8	36	0	621	315	0	621	VISU
1ST	8+3/4	7	26	0	7,323	633	1,160	7,323	CBL
1ST LINER	6+1/8	4+1/2	11.60	7322	16,488				

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	2,589				
SUSSEX	4,343				
NIOBRARA	7,004				

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 Analyst I

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400775063	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400775065	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			
400775047	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775052	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775056	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775058	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775059	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775062	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775067	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)