

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:
400470862

Date Received:
08/22/2013

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 05-123-36678-00 County: WELD
 Well Name: Timbro Well Number: LC13-74-1HN
 Location: QtrQtr: NWNE Section: 24 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 280 feet Direction: FNL Distance: 1838 feet Direction: FEL
 As Drilled Latitude: 40.742909 As Drilled Longitude: -103.923401

GPS Data:
 Date of Measurement: 07/22/2013 PDOP Reading: 1.0 GPS Instrument Operator's Name: BRANDI BNGHAM

** If directional footage at Top of Prod. Zone Dist.: 789 feet. Direction: FSL Dist.: 1673 feet. Direction: FEL
 Sec: 13 Twp: 9N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 662 feet. Direction: FNL Dist.: 1651 feet. Direction: FEL
 Sec: 13 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) 04/11/2013 Date TD: 04/17/2013 Date Casing Set or D&A: 04/17/2013
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 10362 TVD** 5959 Plug Back Total Depth MD 10362 TVD** 5959

Elevations GR 4856 KB 4880 **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	24	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	635	334	0	635	VISU
1ST	8+3/4	7	26	0	6,336	530	1,054	6,336	CALC
2ND	6+1/8	4+1/2	11.6	6325	10,437	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	2,344				
PARKMAN	3,489				
SUSSEX	4,181				
SHANNON	4,591				
TEEPEE BUTTES	5,235				
NIOBRARA	5,992				

Comment:

THE DIRECTIONAL SURVEY DID NOT GO ALL THE WAY TO TD.

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: 8/22/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400470956	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400470957	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			
400470862	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470880	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470881	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470882	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470883	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470885	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400470959	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471114	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471124	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471127	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)