

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



Document Number:

400522703

Date Received:

12/05/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-37324-00 County: WELD
Well Name: Wolfpack Well Number: B02-64-1HN
Location: QtrQtr: NWSW Section: 2 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 1463 feet Direction: FSL Distance: 170 feet Direction: FWL
As Drilled Latitude: 40.425106 As Drilled Longitude: -104.526344

GPS Data:
Date of Measurement: 11/06/2013 PDOP Reading: 5.1 GPS Instrument Operator's Name: WILLIAM BALDWIN

** If directional footage at Top of Prod. Zone Dist.: 1651 feet Direction: FSL Dist.: 794 feet Direction: FWL
Sec: 2 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1650 feet Direction: FSL Dist.: 660 feet Direction: FEL
Sec: 2 Twp: 5N Rng: 64W

Field Name: KERSEY Field Number: 44600
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/29/2013 Date TD: 07/07/2013 Date Casing Set or D&A: 07/09/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 10853 TVD** 6614 Plug Back Total Depth MD 10842 TVD** 6614

Elevations GR 4616 KB 4632 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	18	16	84	0	100	80	0	100	VISU
SURF	13+3/4	9+5/8	36	0	617	286	0	617	VISU
1ST	8+3/4	7	26	0	6,975	580	1,040	6,975	CBL
1ST LINER	6+1/8	4+1/2	11.6	6862	10,843				

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	1,513				
PARKMAN	2,288				
SUSSEX	2,874				
SHANNON	3,501				
TEEPEE BUTTES	5,907				
NIOBRARA	6,628				

Operator Comments

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: 12/5/2013

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400522765	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400522763	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			
400522703	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522751	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522754	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522755	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522757	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522759	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522760	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522761	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522762	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522768	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)