

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:

400524376

Date Received:

12/10/2013

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 05-123-37328-00 County: WELD  
Well Name: Wolfpack Well Number: B02-66-1HN  
Location: QtrQtr: NWSW Section: 2 Township: 5N Range: 64W Meridian: 6  
Footage at surface: Distance: 2115 feet Direction: FSL Distance: 175 feet Direction: FWL  
As Drilled Latitude: 40.426897 As Drilled Longitude: -104.526320

GPS Data:  
Date of Measurement: 11/20/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: GLENN THOMPSON

\*\* If directional footage at Top of Prod. Zone Dist.: 2371 feet Direction: FNL Dist.: 761 feet Direction: FWL  
Sec: 2 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2342 feet Direction: FNL Dist.: 664 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) 07/16/2013 Date TD: 07/23/2013 Date Casing Set or D&A: 07/23/2013  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 10989 TVD\*\* 6639 Plug Back Total Depth MD 10973 TVD\*\* 6639

Elevations GR 4625 KB 4649 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	42.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	620	347	0	620	VISU
1ST	8+3/4	7	26	0	7,016	645	1,380	7,016	CBL
1ST LINER	6+1/8	4+1/2	11.6	6886	10,979				

**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	2,321				
PARKMAN	3,528				
SUSSEX	4,279				
SHANNON	4,852				
TEEPEE BUTTES	5,920				
NIOBRARA	6,655				

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: 12/10/2013

Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400524393	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400524395	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"/>
<b>Other Attachments</b>			
400524376	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524381	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524384	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524385	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524386	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524387	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524389	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524390	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524391	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524396	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)