

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:
400588304

Date Received:
04/11/2014

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 05-123-37248-00 County: WELD
 Well Name: Vigilant State Well Number: AC16-07
 Location: QtrQtr: SWNE Section: 16 Township: 7N Range: 63W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 40.576012 As Drilled Longitude: -104.439002

GPS Data:
 Date of Measurement: 11/27/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: Gentry Muniz

** If directional footage at Top of Prod. Zone Dist.: 1970 feet. Direction: FNL Dist.: 1972 feet. Direction: FEL
 Sec: 16 Twp: 7N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 1970 feet. Direction: FNL Dist.: 1972 feet. Direction: FEL
 Sec: 16 Twp: 7N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 1180.10

Spud Date: (when the 1st bit hit the dirt) 07/01/2013 Date TD: 07/06/2013 Date Casing Set or D&A: 07/10/2013
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 8966 TVD** 8966 Plug Back Total Depth MD 8881 TVD** 8966

Elevations GR 4850 KB 4863 **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	93	80	0	93	VISU
SURF	13+3/4	9+5/8	36.00	0	775	397	0	775	CALC
1ST	8+3/4	7	26.00	0	8,962	825	314	8,962	

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	2,653				
PARKMAN	3,700				
SUSSEX	4,504				
SHANNON	5,103				
NIOBRARA	6,648				

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 Specialist Date: 4/11/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400588328	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400588329	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			
400588304	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588333	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588405	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588420	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783804	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783813	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400784706	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400784726	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400784741	PDF-MUD	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)