

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:

400541129

Date Received:

01/17/2014

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: 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 05-123-37133-00 County: WELD  
Well Name: Crow Creek State AC Well Number: 36-77-1HN  
Location: QtrQtr: SESW Section: 36 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 270 feet Direction: FSL Distance: 1793 feet Direction: FWL  
As Drilled Latitude: 40.523595 As Drilled Longitude: -104.387808

GPS Data:  
Date of Measurement: 09/06/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandi Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 751 feet Direction: FSL Dist.: 1659 feet Direction: FWL  
Sec: 36 Twp: 7N Rng: 63W  
\*\* If directional footage at Bottom Hole Dist.: 537 feet Direction: FNL Dist.: 1641 feet Direction: FWL  
Sec: 36 Twp: 7N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 10/06/2013 Date TD: 10/13/2013 Date Casing Set or D&A: 10/14/2013  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 11155 TVD\*\* 6736 Plug Back Total Depth MD 11155 TVD\*\* 6736  
Elevations GR 4789 KB 4813 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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	641	357	0	641	VISU
1ST	8+3/4	7	26	0	7,039	631	1,250	7,039	CBL
1ST LINER	6+1/8	4+1/8	11.6	6923	11,140				

**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	2,492				
PARKMAN	3,627				
SUSSEX	4,419				
SHANNON	4,944				
NIOBRARA	6,557				

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: Eileen Roberts

Title: Regulatory Specialist Date: 1/17/2014 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400541739	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400541740	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>			
400541129	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541722	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541724	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541727	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541733	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541734	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541735	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541736	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541738	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400541741	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)