

FORM
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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:

400542450

Date Received:

01/21/2014

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 05-123-37132-00 County: WELD
Well Name: Crow Creek State AC Well Number: 36-76HN
Location: QtrQtr: SESW Section: 36 Township: 7N Range: 63W Meridian: 6
Footage at surface: Distance: 270 feet Direction: FSL Distance: 1830 feet Direction: FWL
As Drilled Latitude: 40.523596 As Drilled Longitude: -104.387675

GPS Data:
Date of Measurement: 09/06/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandi Bingham

** If directional footage at Top of Prod. Zone Dist.: 856 feet Direction: FSL Dist.: 1971 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 538 feet Direction: FNL Dist.: 1978 feet Direction: FWL
Sec: 36 Twp: 7N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 9804.8

Spud Date: (when the 1st bit hit the dirt) 10/15/2013 Date TD: 10/21/2013 Date Casing Set or D&A: 10/21/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 11056 TVD** 6650 Plug Back Total Depth MD 11056 TVD** 6650

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	18	16	42.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	643	380	0	643	VISU
1ST	8+3/4	7	26	0	6,962	630	2,010	6,962	CBL
1ST LINER	6+1/8	4+1/2	11.6	6850	11,041				

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	2,497				
PARKMAN	3,628				
SUSSEX	4,420				
SHANNON	4,952				
NIOBRARA	6,605				

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: 1/21/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400543260	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400543263	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			
400542450	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543217	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543223	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543227	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543236	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543240	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543241	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543243	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543250	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543266	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)