

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.

Document Number:
400543493

Date Received:
01/22/2014

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 05-123-37131-00 County: WELD

Well Name: Crow Creek State AC Well Number: 36-77HN

Location: QtrQtr: SESW Section: 36 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1755 feet Direction: FWL

As Drilled Latitude: 40.523592 As Drilled Longitude: -104.387941

GPS Data:
Date of Measurement: 09/06/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: Brandi Bingham

** If directional footage at Top of Prod. Zone Dist.: 813 feet. Direction: FSL Dist.: 1318 feet. Direction: FWL
Sec: 36 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 537 feet. Direction: FNL Dist.: 1322 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) 09/27/2013 Date TD: 10/04/2013 Date Casing Set or D&A: 10/05/2013

Rig Release Date: 10/05/2013 Per Rule 308A.b.

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

Total Depth MD 11083 TVD** 6652 Plug Back Total Depth MD 11083 TVD** 6652

Elevations GR 4788 KB 4812 **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	644	360	0	644	VISU
1ST	8+3/4	7	26	0	7,000	631	1,320	7,000	CALC
1ST LINER	6+1/8	4+1/2	11.6	6891	11,068				

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	2,505				
PARKMAN	3,654				
SUSSEX	4,449				
SHANNON	4,981				
NIOBRARA	6,633				

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: 1/22/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400543629	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400543630	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			
400543493	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543595	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543601	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543604	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543606	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543609	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543619	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543620	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543622	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543632	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement job summary is for incorrect well. Contacted operator. Returned to draft.	2/11/2015 3:04:10 PM

Total: 1 comment(s)