

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400799527

Date Received:

## 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: 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 05-123-39125-00

County: WELD

Well Name: MAHALO STATE

Well Number: AA09-76-1AHNB

Location: QtrQtr: SWSW Section: 4 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 75 feet Direction: FSL Distance: 1020 feet Direction: FWL

As Drilled Latitude: 40.508758 As Drilled Longitude: -104.447565

GPS Data:

Date of Measurement: 11/17/2014 PDOP Reading: 4.2 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 723 feet. Direction: FNL Dist.: 1983 feet. Direction: FWL

Sec: 9 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 40 feet. Direction: FNL Dist.: 1860 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: CO 9056.6

Spud Date: (when the 1st bit hit the dirt) 01/21/2015 Date TD: 01/27/2015 Date Casing Set or D&amp;A: 01/28/2015

Rig Release Date: 02/01/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11860 TVD\*\* 6600 Plug Back Total Depth MD 11860 TVD\*\* 6600

Elevations GR 4697 KB 4721 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, MWD

## 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	42.09	0	124	72	0	124	VISU
SURF	13+1/2	9+5/8	36	0	861	351	0	861	VISU
1ST	8+3/4	7	26	0	7,052	587	202	7,052	CBL
1ST LINER	6+1/8	4+1/2	11.6	6940	11,850				

## 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	991				
PARKMAN	3,521				
SUSSEX	4,295				
SHANNON	4,882				
TEEPEE BUTTES	5,832				
NIOBRARA	6,700				

Comment:

GPS TAKEN ON CONDUCTOR  
WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN 2 YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

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: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400799546	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400799547	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"/>
<u>Other Attachments</u>			
400799548	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809224	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809231	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809233	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809236	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809237	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809238	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809239	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809241	PDF-GAMMA RAY	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)