

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:

400577918

Date Received:

03/25/2014

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: 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 05-123-37422-00 County: WELD
Well Name: CROW CREEK STATE AC Well Number: 36-73-1HN
Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 63W Meridian: 6
Footage at surface: Distance: 270 feet Direction: FSL Distance: 1425 feet Direction: FEL
As Drilled Latitude: 40.523624 As Drilled Longitude: -104.379970

GPS Data:
Date of Measurement: 08/26/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 741 feet Direction: FSL Dist.: 1012 feet Direction: FEL
Sec: 36 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 536 feet Direction: FNL Dist.: 972 feet Direction: FEL
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) 11/01/2013 Date TD: 11/07/2013 Date Casing Set or D&A: 11/08/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 11206 TVD** 6745 Plug Back Total Depth MD 11206 TVD** 6745

Elevations GR 4851 KB 4875 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MUD, GR

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	75	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	621	378	0	621	VISU
1ST	8+3/4	7	26	0	7,073	585	1,130	7,073	CBL
1ST LINER	6+1/8	4+1/2	11.6	6981	11,191				

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	2,568				
PARKMAN	3,663				
SUSSEX	4,436				
SHANNON	5,060				
TEEPEE BUTTES	5,957				
NIOBRARA	6,639				

Operator Comments

GPS TAKEN ON CONDUCTOR

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: 3/25/2014

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400577924	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400577926	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			
400577918	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400577923	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578191	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578192	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578196	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578200	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578203	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578204	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578206	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400578389	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)