

FORM  
5Rev  
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



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Document Number:

400813931

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 05-123-39476-00

County: WELD

Well Name: FIVE RIVERS

Well Number: K09-65-1HN

Location: QtrQtr: NESE Section: 8 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2211 feet Direction: FSL Distance: 56 feet Direction: FEL

As Drilled Latitude: 40.324999 As Drilled Longitude: -104.792779

## GPS Data:

Date of Measurement: 07/09/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone Dist.: 2307 feet. Direction: FSL Dist.: 722 feet. Direction: FWL

Sec: 9 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2283 feet. Direction: FSL Dist.: 75 feet. Direction: FEL

Sec: 9 Twp: 4N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/22/2014 Date TD: 08/28/2014 Date Casing Set or D&amp;A: 08/30/2014

Rig Release Date: 09/25/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12052 TVD\*\* 7089 Plug Back Total Depth MD 12052 TVD\*\* 7089

Elevations GR 4700 KB 4726 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	42.05	0	126	80	0	126	VISU
SURF	13+1/2	9+5/8	36	0	627	321	0	627	VISU
1ST	8+3/4	7	26	0	7,418	631	290	7,418	CBL
1ST LINER	6+1/8	4+1/2	11.6	7323	12,037				

## 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	2,583				
PARKMAN	3,665				
SUSSEX	4,338				
SHANNON	4,745				
TEEPEE BUTTES	6,127				
NIOBRARA	6,981				

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>		
400814024	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400814027	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>		
400814011	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814013	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814015	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814017	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814018	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814020	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814021	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814022	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400814030	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)