

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:

400624684

Date Received:

06/11/2014

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: <u>100322</u>	Contact Name: <u>Kathleen Mills</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-37168-00</u>	County: <u>WELD</u>
Well Name: <u>NCLP PC AA</u>	Well Number: <u>04-65-1HN</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>4</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2201</u> feet Direction: <u>FSL</u> Distance: <u>250</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.514565</u> As Drilled Longitude: <u>-104.450360</u>	

GPS Data:
Date of Measurement: 10/15/2014 PDOP Reading: 3.0 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2353 feet Direction: FSL Dist.: 1024 feet. Direction: FWL
Sec: 4 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2312 feet Direction: FSL Dist.: 536 feet. Direction: FEL
Sec: 3 Twp: 6N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 11/21/2013 Date TD: 12/02/2013 Date Casing Set or D&A: 12/04/2013
Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth	MD	<u>16165</u>	TVD**	<u>6607</u>	Plug Back Total Depth	MD	<u>16165</u>	TVD**	<u>6607</u>
Elevations	GR	<u>4711</u>	KB	<u>4735</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>				

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	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	792	398	0	792	VISU
1ST	8+3/4	7	26	0	7,029	575	984	7,029	CBL
1ST LINER	6+1/8	4+1/2	11.6	6948	16,150				

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	1,055				
PARKMAN	3,557				
SUSSEX	4,344				
SHANNON	4,928				
TEEPEE BUTTES	5,792				
NIOBRARA	6,673				

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: 6/11/2014

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400624767	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400624768	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>			
400624684	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624723	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624727	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624732	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624752	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624755	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624758	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624759	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624760	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400624769	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)