

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



DE ET OE ES

Document Number:

400823011

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: 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 05-123-37943-00

County: WELD

Well Name: Oscar

Well Number: Y11-79HN

Location: QtrQtr: NESE Section: 10 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 2380 feet Direction: FSL Distance: 710 feet Direction: FEL

As Drilled Latitude: 40.152220 As Drilled Longitude: -104.530650

GPS Data:

Date of Measurement: 08/01/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: EB Oilfield

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: 10 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2088 feet. Direction: FNL Dist.: 90 feet. Direction: FEL

Sec: 10 Twp: 2N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/16/2014 Date TD: 12/19/2014 Date Casing Set or D&A:

Rig Release Date: 12/31/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8396 TVD** 6791 Plug Back Total Depth MD 8240 TVD** 6819

Elevations GR 4929 KB 4953 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	24	16	42.09	24	104	80	0	104	VISU
SURF	13+3/4	9+5/8	36	24	1,156	496	0	1,156	VISU
OPEN HOLE	8+3/4			1156	8,396				CALC

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:

No plugs set, open hole sidetrack.

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	1,316				
PARKMAN	3,914				
SUSSEX	4,265				
SHANNON	5,066				
NIOBRARA	7,062				

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 Analyst I Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400823046	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400823047	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>			
400823048	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823086	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823094	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823100	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823111	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823116	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823159	WELLBORE DIAGRAM	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)