

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



Document Number:

400620364

Date Received:

06/06/2014

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 05-123-37179-00

County: WELD

Well Name: NCLP PC AA

Well Number: 04-69-1HN

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

Footage at surface: Distance: 660 feet Direction: FNL Distance: 250 feet Direction: FWL

As Drilled Latitude: 40.521198 As Drilled Longitude: -104.450328

GPS Data:

Date of Measurement: 11/13/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 144 feet Direction: FNL Dist.: 1004 feet Direction: FWL

Sec: 4 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 170 feet Direction: FNL Dist.: 535 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) 12/09/2013 Date TD: 12/19/2013 Date Casing Set or D&A: 12/21/2013

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16290 TVD** 6596 Plug Back Total Depth MD 16290 TVD** 6596

Elevations GR 4710 KB 4740 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	42.09	0	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36	0	748	385	0	748	VISU
1ST	8+3/4	7	26	0	7,077	575	1,694	7,077	CBL
1ST LINER	6+1/8	4+1/2	11.6	6979	16,275				

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	1,039				
PARKMAN	3,519				
SUSSEX	4,339				
SHANNON	4,937				
TEEPEE BUTTES	5,804				
NIOBRARA	6,725				

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: 6/6/2014

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400620622	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400620625	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>					
400620364	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620398	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620402	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620405	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620408	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620410	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620613	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620615	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620619	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620634	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected TD MD value to reflect directional survey.	4/2/2015 11:32:53 AM

Total: 1 comment(s)