

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:

400649229

Date Received:

07/23/2014

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: 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 05-123-37984-00 County: WELD
 Well Name: Sater Well Number: CC18-73-1HN
 Location: QtrQtr: SESE Section: 18 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 300 feet Direction: FSL Distance: 337 feet Direction: FEL
 As Drilled Latitude: 40.305645 As Drilled Longitude: -104.472252

GPS Data:

Date of Measurement: 12/13/2013 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Josson

** If directional footage at Top of Prod. Zone Dist.: 683 feet Direction: FSL Dist.: 993 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist.: 65 feet Direction: FNL Dist.: 1205 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/21/2014 Date TD: 03/27/2014 Date Casing Set or D&A: 03/28/2014

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11576 TVD** 6612 Plug Back Total Depth MD 11576 TVD** 6612

Elevations GR 4678 KB 4702 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CBL/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	26	16	49.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	625	336	0	625	VISU
1ST	8+3/4	7	26	0	6,870	550	410	6,870	CBL
1ST LINER	6+1/8	4+1/2	11.6	6761	11,561				

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	2,691				
PARKMAN	3,500				
SUSSEX	4,202				
SHANNON	4,832				
NIOBRARA	6,689				

Operator Comments

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 Specialist Date: 7/23/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400649415	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400649416	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			
400649229	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649403	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649404	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649406	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649408	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649411	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649414	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649420	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)