

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:

400625552

Date Received:

06/16/2014

## 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 05-123-37764-00

County: WELD

Well Name: SANDAU

Well Number: K25-66-1HN

Location: QtrQtr: NWSW Section: 25 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2332 feet Direction: FSL Distance: 318 feet Direction: FWL

As Drilled Latitude: 40.282145 As Drilled Longitude: -104.733763

## GPS Data:

Date of Measurement: 01/15/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone Dist.: 2331 feet Direction: FNL Dist.: 687 feet Direction: FWL

Sec: 25 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2197 feet Direction: FNL Dist.: 82 feet Direction: FEL

Sec: 25 Twp: 4N Rng: 66W

Field Name: HAMBERT

Field Number: 33530

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/17/2014 Date TD: 03/01/2014 Date Casing Set or D&amp;A: 03/01/2014

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12230 TVD\*\* 7177 Plug Back Total Depth MD 12230 TVD\*\* 7177

Elevations GR 4780 KB 4796 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

USIT, 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	18	16	42	0	98	48	0	98	VISU
SURF	12+1/4	9+5/8	36	0	663	376	0	663	VISU
1ST	8+3/4	7	26	0	7,430	679	410	7,430	CBL
1ST LINER	6+1/8	4+1/2	11.6	7354	12,215				

### 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	2,595				
PARKMAN	3,781				
SUSSEX	4,042				
SHANNON	5,032				
TEEPEE BUTTES	6,262				
NIOBRARA	7,067				

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: 6/16/2014

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400625580	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400625581	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>					
400625552	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625563	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625565	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625567	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625569	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625570	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625571	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625572	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625574	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400625582	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 Top of Production Zone (TPZ) footages to reflect directional survey reported values. Corrected Bottom Hole Location (BHL) footages to reflect directional survey reported values.	6/3/2015 10:26:06 AM

Total: 1 comment(s)