

**FORM**  
**5**  
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



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Document Number:  
400725924

Date Received:  
11/07/2014

**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: <u>100322</u>	Contact Name: <u>EILEEN ROBERTS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-38863-00</u>	County: <u>WELD</u>
Well Name: <u>EAGLE E</u>	Well Number: <u>14-79HN</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>360</u> feet Direction: <u>FSL</u> Distance: <u>530</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.479786</u> As Drilled Longitude: <u>-104.638182</u>	

GPS Data:  
Date of Measurement: 04/04/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 1077 feet. Direction: FSL Dist.: 84 feet. Direction: FWL  
Sec: 14 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 538 feet. Direction: FNL Dist.: 57 feet. Direction: FWL  
Sec: 14 Twp: 6N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 06/25/2014 Date TD: 07/01/2014 Date Casing Set or D&A: 07/02/2014  
Rig Release Date: 07/03/2014 Per Rule 308A.b.

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

Total Depth MD <u>11288</u> TVD** <u>6977</u>	Plug Back Total Depth MD <u>11276</u> TVD** <u>6977</u>
Elevations GR <u>4737</u> KB <u>4753</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL/Mud/Gamma Ref well, Eagle 14-67-01HNC

**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+0/0	16+0/0	42.00	0	96	48	0	96	VISU
SURF	13+3/4	9+5/8	36.00	0	657	364	0	657	VISU
1ST	8+3/4	7+0/0	26.00	0	7,398	608	380	7,398	CBL
1ST LINER	6+1/8	4+1/2	11.60	7289	11,278	0			

## 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	1,045				
PARKMAN	3,644				
SUSSEX	4,176				
SHANNON	4,984				
NIOBRARA	6,853				

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 Specialist Date: 11/7/2014 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400726210	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400726211	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"/>
<b>Other Attachments</b>			
400725924	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726214	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726254	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726258	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726260	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726263	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726267	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726268	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	First page of Directional Survey is cut off. Returned to draft and contacted operator.	3/8/2015 2:34:06 PM

Total: 1 comment(s)