

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:
400860372

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: <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>05-123-39899-00</u>	County: <u>WELD</u>
Well Name: <u>Morton State</u>	Well Number: <u>LD01-79-1BHN</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>1</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>400</u> feet Direction: <u>FSL</u> Distance: <u>352</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.774450</u> As Drilled Longitude: <u>-103.820390</u>	

GPS Data:
Date of Measurement: 10/21/2014 PDOP Reading: 4.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1091 feet. Direction: FSL Dist.: 358 feet. Direction: FWL
Sec: 1 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 755 feet. Direction: FNL Dist.: 452 feet. Direction: FWL
Sec: 36 Twp: 10N Rng: 58W

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/05/2014 Date TD: 12/13/2014 Date Casing Set or D&A: 12/15/2014
Rig Release Date: 12/15/2014 Per Rule 308A.b.

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

Total Depth MD 14600 TVD** 5479 Plug Back Total Depth MD 14583 TVD** 5479

Elevations GR 4656 KB 4672 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma. No resistivity log run do to existing off-set well.

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	84	16	116	64	0	116	VISU
SURF	13+1/2	9+5/8	36	16	1,231	463	0	1,231	VISU
1ST	8+3/4	7	26	16	5,859	438	1,240	5,859	CBL
1ST LINER	6+1/8	4+1/2	11.6	5751	14,585				

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	2,323				
PARKMAN	3,160				
SUSSEX	3,725				
SHANNON	4,144				
NIOBRARA	5,579				

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 ?	
Attachment Checklist			
400863289	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400860725	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			
400860713	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860716	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860717	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860718	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860720	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860721	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860727	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)