

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



DE ET OE ES

Document Number:

400891352

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: 100322

Contact Name: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-40907-00

County: WELD

Well Name: Colt

Well Number: A13-648

Location: QtrQtr: NWSW Section: 17 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 2496 feet Direction: FSL Distance: 424 feet Direction: FWL

As Drilled Latitude: 40.486110 As Drilled Longitude: -104.468810

## GPS Data:

Date of Measurement: 03/02/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 2461 feet. Direction: FSL Dist.: 886 feet. Direction: FWL

Sec: 17 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 2560 feet. Direction: FSL Dist.: 535 feet. Direction: FEL

Sec: 13 Twp: 6N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/17/2015 Date TD: 03/24/2015 Date Casing Set or D&amp;A: 03/25/2015

Rig Release Date: 03/26/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 16228 TVD\*\* 6664 Plug Back Total Depth MD 16204 TVD\*\* 6664

Elevations GR 4664 KB 4694 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/Gamma, no mud logs run. The Designated resistivity log on this pad will be; Colt A 13-648, 123-40907

## 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	30	110	80	0	110	VISU
SURF	13+1/2	9+5/8	36	30	924	359	0	924	VISU
1ST	8+3/4	7	26	30	7,008	627	160	7,008	CBL
1ST LINER	6+1/8	4+1/2	11.6	6859	16,213				

## 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	980				
PARKMAN	3,562				
SUSSEX	4,153				
SHANNON	4,872				
NIOBRARA	6,642				

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 Date: \_\_\_\_\_ Email: eileen.roberts@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400891728	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400891730	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>			
400891720	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400891721	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400891724	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400891726	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400891727	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400891734	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)