

**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:  
400897414

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) 228-4330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-40631-00</u>	County: <u>WELD</u>
Well Name: <u>Christine</u>	Well Number: <u>LC27-765</u>
Location: QtrQtr: <u>NENW</u> Section: <u>34</u> Township: <u>9N</u> Range: <u>59W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>660</u> feet Direction: <u>FNL</u> Distance: <u>1590</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.712390</u> As Drilled Longitude: <u>-103.967510</u>	

GPS Data:  
Date of Measurement: 02/10/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 276 feet. Direction: FSL Dist.: 1648 feet. Direction: FWL  
Sec: 27 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 331 feet. Direction: FNL Dist.: 1620 feet. Direction: FWL  
Sec: 27 Twp: 9N Rng: 59W

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

Spud Date: (when the 1st bit hit the dirt) 04/18/2015 Date TD: 04/24/2015 Date Casing Set or D&A: 04/24/2015  
Rig Release Date: 04/25/2015 Per Rule 308A.b.

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

Total Depth MD <u>11297</u> TVD** <u>6320</u>	Plug Back Total Depth MD <u>11280</u> TVD** <u>6320</u>
Elevations GR <u>4827</u> KB <u>4857</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL/Gamma, no mud logs run. The designated resistivity log on this pad will be; Jessica LC27-775, 123-40640

**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	663	292	0	663	VISU
1ST	8+3/4	7	26	30	6,424	525	2,060	6,424	CBL
1ST LINER	6+1/8	4+1/2	11.6	6320	11,282				

## 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	439				
PARKMAN	3,359				
SUSSEX	4,074				
SHANNON	4,479				
NIOBRARA	6,039				

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 ?	
<b>Attachment Checklist</b>			
400897469	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400897470	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>			
400897462	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897465	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897466	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897467	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897471	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)