

**FORM  
5**Rev  
10/14**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:

400897683

Date Received:

09/24/2015

**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/or 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: 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 Email: eileen.roberts@nblenergy.com

API Number 05-123-40904-00 County: WELD  
 Well Name: Aggie State Well Number: AA17-625  
 Location: QtrQtr: SWSW Section: 17 Township: 6N Range: 63W Meridian: 6  
 Footage at surface: Distance: 1050 feet Direction: FSL Distance: 574 feet Direction: FWL  
 As Drilled Latitude: 40.482160 As Drilled Longitude: -104.468260

## GPS Data:

Date of Measurement: 02/03/2015 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist: 1053 feet Direction: FSL Dist: 1204 feet Direction: FWL  
 Sec: 17 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist: 990 feet Direction: FSL Dist: 50 feet Direction: FWL  
 Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 02/18/2015 Date TD: 02/23/2015 Date Casing Set or D&A: 02/24/2015Rig Release Date: 02/24/2015 Per Rule 308A.b.

## Well Classification:

 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  ObservationTotal Depth MD 11110 TVD\*\* 6603 Plug Back Total Depth MD 11098 TVD\*\* 6603Elevations GR 4666 KB 4690 **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; Johnson A 13-15, 123-26645

**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	42.05	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	935		0	935	VISU
1ST	8+3/4	7	26	24	6,919	675	596	6,919	CBL
1ST LINER	6+1/8	4+1/2	11.6	6760	11,100				

**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	911				
PARKMAN	3,573				
SUSSEX	4,087				
SHANNON	4,948				
NIOBRARA	6,691				

Operator Comments:

\_\_\_\_\_

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: 9/24/2015 Email: eileen.roberts@nblenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400905037	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400897746	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><u>Other Attachments</u></b>			
400897738	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897740	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897741	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897742	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897749	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)