

FORM
5Rev
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:

400900201

Date Received:

09/22/2015

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 05-123-40600-00 County: WELD
 Well Name: Haley Well Number: LC27-735
 Location: QtrQtr: NWNE Section: 34 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1512 feet Direction: FEL
 As Drilled Latitude: 40.712470 As Drilled Longitude: -103.959710

GPS Data:

Date of Measurement: 03/05/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist: 114 feet Direction: FSL Dist: 1652 feet Direction: FEL

Sec: 27 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist: 330 feet Direction: FNL Dist: 1650 feet Direction: FEL

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) 04/29/2015 Date TD: 05/03/2015 Date Casing Set or D&A: 05/04/2015

Rig Release Date: 05/04/2015 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11425 TVD** 6016 Plug Back Total Depth MD 11361 TVD** 6016

Elevations GR 4816 KB 4840 **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; Haley LC 27-715, 123-40597

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	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	612	281	0	612	VISU
1ST	8+3/4	7	26	24	6,339	493	1,657	6,339	CBL
1ST LINER	6+1/8	4+1/2	11.6	6176	11,363				

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	407				
PARKMAN	3,365				
SUSSEX	4,020				
SHANNON	4,494				
NIOBRARA	5,935				

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: 9/22/2015 Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400900342	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400903417	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			
400900296	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900298	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900300	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900303	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400900344	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)