

**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:

400902111

Date Received:

09/25/2015

**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 05-123-40908-00 County: WELD  
 Well Name: Colt Well Number: A13-655  
 Location: QtrQtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6  
 Footage at surface: Distance: 2157 feet Direction: FNL Distance: 424 feet Direction: FWL  
 As Drilled Latitude: 40.487820 As Drilled Longitude: -104.468810

## GPS Data:

Date of Measurement: 02/09/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist: 2321 feet Direction: FNL Dist: 910 feet Direction: FEL  
 Sec: 18 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist: 2310 feet Direction: FNL Dist: 535 feet Direction: FWL  
 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) 04/01/2015 Date TD: 04/08/2015 Date Casing Set or D&A: 04/09/2015Rig Release Date: 04/09/2015 Per Rule 308A.b.

## Well Classification:

 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  ObservationTotal Depth MD 16273 TVD\*\* 6666 Plug Back Total Depth MD 16264 TVD\*\* 6666Elevations GR 4661 KB 4685 **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 13-655, 123-40908**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   | 17+1/2       | 16             | 42.09 | 24            | 104           | 80        | 0       | 104     | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 24            | 916           | 354       | 0       | 916     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 24            | 7,071         | 586       | 430     | 7,071   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6912          | 16,266        |           |         |         |        |

### 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         | 369            |        |                  |       |   |
| PARKMAN        | 3,536          |        |                  |       |   |
| SUSSEX         | 4,104          |        |                  |       |   |
| SHANNON        | 4,844          |        |                  |       |   |
| NIOBRARA       | 6,635          |        |                  |       |   |

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: 9/25/2015 Email: eileen.roberts@nblenergy.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400905325                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400902159                   | 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>    |                       |   |  |
| 400902153                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400902155                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400902156                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400902157                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400902158                   | PDF-RESISTIVITY       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400902160                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400905326                   | LAS-RESISTIVITY       | 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)