

**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



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400911731

Date Received:

10/06/2015

**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 05-123-40925-00 County: WELD  
 Well Name: Colt Well Number: A13-662  
 Location: QtrQtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6  
 Footage at surface: Distance: 2120 feet Direction: FNL Distance: 424 feet Direction: FWL  
 As Drilled Latitude: 40.487920 As Drilled Longitude: -104.468810

## GPS Data:

Date of Measurement: 02/09/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist: 1859 feet Direction: FNL Dist: 637 feet Direction: FEL  
 Sec: 18 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist: 1815 feet Direction: FNL Dist: 1640 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) 04/10/2015 Date TD: 04/16/2015 Date Casing Set or D&A: 04/17/2015Rig Release Date: 04/18/2015 Per Rule 308A.b.

## Well Classification:

 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  ObservationTotal Depth MD 13303 TVD\*\* 6807 Plug Back Total Depth MD 13284 TVD\*\* 6807Elevations GR 4661 KB 4685 **Digital Copies of ALL Logs must be Attached per Rule 308A** 

## List Electric Logs Run:

CBL/Mud/Gamma, The designated resistivity log on this pad will be; Colt 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	26	16	42.9	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	922	365	0	922	VISU
1ST	8+3/4	7	26	24	7,065	590	1,175	7,065	CBL
1ST LINER	6+1/8	4+1/2	11.6	6996	13,293				

**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	972				
PARKMAN	3,503				
SUSSEX	4,105				
SHANNON	4,804				
NIOBRARA	6,567				

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: 10/6/2015 Email: eileen.roberts@nblenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400911811	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400911814	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>			
400911798	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911801	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911805	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911807	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911809	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911810	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400911815	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)