

FORM
5Rev
10/14State 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:

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: 04/17/2015

Rig Release Date: 04/18/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 13303 TVD** 6807 Plug Back Total Depth MD 13284 TVD** 6807

Elevations 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 ?	
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Attachment Checklist

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"/>

Other Attachments

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

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Total: 0 comment(s)