

FORM  
5Rev  
09/14

**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:

400901104

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 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

API Number 05-123-40601-00 County: WELD  
 Well Name: Haley Well Number: LC27-745  
 Location: QtrQtr: NWNE Section: 34 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1550 feet Direction: FEL  
 As Drilled Latitude: 40.712460 As Drilled Longitude: -103.959830

## GPS Data:

Date of Measurement: 03/05/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 100 feet Direction: FSL Dist.: 2345 feet. Direction: FEL

Sec: 27 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 330 feet Direction: FNL Dist.: 2310 feet. Direction: FEL

Sec: 27 Twp: 9N Rng: 59W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

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

Spud Date: (when the 1st bit hit the dirt) 04/22/2015 Date TD: 04/27/2015 Date Casing Set or D&A: 04/28/2015  
 Rig Release Date: 04/29/2015 Per Rule 308A.b.

## Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 11518 TVD\*\* 6021 Plug Back Total Depth MD 11518 TVD\*\* 6021

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 | 0             | 104           | 80        | 0       | 104     | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 619           | 276       | 0       | 619     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 6,485         | 480       | 2,385   | 6,485   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6372          | 11,508        |           |         |         |        |

**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         | 405            |        |                  |       |   |
| PARKMAN        | 3,376          |        |                  |       |   |
| SUSSEX         | 4,034          |        |                  |       |   |
| SHANNON        | 4,516          |        |                  |       |   |
| NIOBRARA       | 6,055          |        |                  |       |   |

Operator Comments

The as-built coordinates were taken when the conductor casing was set

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 ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 400901164                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400903298                   | 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"/> |
| <u>Other Attachments</u>    |                       |   |  |
| 400901104                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400901151                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400901154                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400901155                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400901157                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400901162                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>     |
|-------------------|--|-------------------------|
| Engineering Tech  | Rounded TVD as per directional survey.<br>Adjusted PBTd to match TD; liner not cemented.   | 11/4/2015<br>2:04:10 PM |
| Permit            | Added comment: "The as-built coordinates were taken when the conductor casing was set" per the operator.   | 9/22/2015<br>3:49:31 PM |
| Permit            | Rig release date is for the well, not the pad. This form 5 was submitted before the other wells on the pad were drilled as required for related form 26, per the operator. | 9/22/2015<br>3:44:55 PM |

Total: 3 comment(s)