

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:

400715503

Date Received:

02/29/2016

**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: <u>100322</u>                    | Contact Name: <u>Kathleen Mills</u> |
| Name of Operator: <u>NOBLE ENERGY INC</u>              | Phone: <u>(720) 587-2226</u>        |
| Address: <u>1625 BROADWAY STE 2200</u>                 | Fax: <u>(303) 228-4286</u>          |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |                                     |

|   |                                |
|---|--------------------------------|
| API Number <u>05-123-38162-00</u>   | County: <u>WELD</u>            |
| Well Name: <u>Storis</u>  | Well Number: <u>E24-78-1HN</u> |
| Location: QtrQtr: <u>SWSW</u> Section: <u>24</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>           |                                |
| Footage at surface: Distance: <u>350</u> feet Direction: <u>FSL</u> Distance: <u>927</u> feet Direction: <u>FWL</u> |                                |
| As Drilled Latitude: <u>40.465180</u> As Drilled Longitude: <u>-104.617515</u>                                      |                                |

## GPS Data:

 Date of Measurement: 09/24/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

 \*\* If directional footage at Top of Prod. Zone Dist.: 643 feet Direction: FSL Dist.: 1007 feet. Direction: FWL

 Sec: 24 Twp: 6N Rng: 65W

 \*\* If directional footage at Bottom Hole Dist.: 375 feet Direction: FNL Dist.: 1019 feet. Direction: FWL

 Sec: 24 Twp: 6N Rng: 65W

 Field Name: WATTENBERG Field Number: 90750

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

 Spud Date: (when the 1st bit hit the dirt) 05/05/2014 Date TD: 05/14/2014 Date Casing Set or D&A: 05/15/2014
Rig Release Date: 07/14/2014 Per Rule 308A.b.

## Well Classification:

 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

 Total Depth MD 11516 TVD\*\* 6866 Plug Back Total Depth MD 11516 TVD\*\* 6866

 Elevations GR 4692 KB 4722 **Digital Copies of ALL Logs must be Attached per Rule 308A** 

## List Electric Logs Run:

USIT, MUD, GR/RES

**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             | 42.05 | 0             | 130           | 88        | 0       | 130     | VISU   |
| SURF        | 13+3/4       | 9+5/8          | 36    | 0             | 759           | 434       | 0       | 759     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,102         | 660       | 575     | 7,102   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.60 | 7018          | 11,501        | 0         |         |         |        |

**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         | 1,020          |        |                  |       |   |
| PARKMAN        | 3,616          |        |                  |       |   |
| SUSSEX         | 4,169          |        |                  |       |   |
| SHANNON        | 4,922          |        |                  |       |   |
| TEEPEE BUTTES  | 6,051          |        |                  |       |   |
| NIOBRARA       | 6,690          |        |                  |       | NBRR B 6546, NBRR C 6992  |

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: Kathleen Mills

Title: Regulatory Analyst Date: 2/29/2016 Email: kmills@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 400715589                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400715591                   | 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>    |                       |   |  |
| 400715503                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715542                   | MUD                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715551                   | MUD                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715552                   | MUD                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715586                   | GAMMA RAY             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715587                   | GAMMA RAY             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715588                   | GAMMA RAY             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400715605                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400997219                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u>  | <u>Comment Date</u>      |
|-------------------|---|--------------------------|
| Permit            | Operator uploaded CBL.                                | 2/29/2016<br>2:45:31 PM  |
| Permit            | CBL corrupted. Contacted operator. Returned to draft. | 2/26/2016<br>11:08:34 AM |

Total: 2 comment(s)