

FORM
5Rev
09/14

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400732923

Date Received:

11/17/2014

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: Kathleen Mills
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

API Number 05-123-39070-00 County: WELD
 Well Name: NCLP Well Number: AA06-66-1BHNA
 Location: QtrQtr: SWNW Section: 4 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 2310 feet Direction: FNL Distance: 100 feet Direction: FWL
 As Drilled Latitude: 40.516673 As Drilled Longitude: -104.450866

GPS Data:

Date of Measurement: 10/31/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2496 feet Direction: FNL Dist.: 554 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2453 feet Direction: FNL Dist.: 535 feet. Direction: FWL

Sec: 6 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/12/2014 Date TD: 06/20/2014 Date Casing Set or D&A: 06/23/2014

Rig Release Date: 08/14/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16306 TVD** 6681 Plug Back Total Depth MD 16290 TVD** 6681

Elevations GR 4710 KB 4734 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

USIT, MUD, GR, Res log on 05-123-39069 NCLP AA06-66-1HNC

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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	829	420	0	829	VISU
1ST	8+3/4	7	26	0	6,947	563	600	6,947	CBL
1ST LINER	6+1/8	4+1/2	11.6	6830	16,291	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	1,041				
PARKMAN	3,539				
SUSSEX	4,344				
SHANNON	4,910				
TEEPEE BUTTES	5,768				
NIOBRARA	6,719				

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: 11/17/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400733135	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400733136	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>			
400732923	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732939	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732947	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732954	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732960	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732966	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733129	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733130	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733131	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733188	DIRECTIONAL DATA	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)