

**FORM
5**Rev
09/14**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

400752652

Date Received:

01/07/2015

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: 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 05-123-39480-00

County: WELD

Well Name: FIVE RIVERS

Well Number: K09-67-1HN

Location: QtrQtr: SWNW Section: 9 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2060 feet Direction: FNL Distance: 512 feet Direction: FWL

As Drilled Latitude: 40.327978 As Drilled Longitude: -104.791033

GPS Data:

Date of Measurement: 09/23/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 1619 feet Direction: FNL Dist.: 612 feet Direction: FWL

Sec: 9 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1697 feet Direction: FNL Dist.: 78 feet Direction: FEL

Sec: 9 Twp: 4N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/18/2014 Date TD: 07/25/2014 Date Casing Set or D&A: 07/27/2014

Rig Release Date: 09/03/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12260 TVD** 7101 Plug Back Total Depth MD 12245 TVD** 7101

Elevations GR 4700 KB 4730 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, GR, COGCC: Res log API # 05-123-31383 Five 31-9

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	0	130	88	0	130	VISU
SURF	13+3/4	9+5/8	36	0	626	353	0	626	VISU
1ST	8+3/4	7	26	0	7,348	613	370	7,232	CBL
1ST LINER	6+1/8	4+1/2	11.6	7292	12,245				

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	2,597				
PARKMAN	3,638				
SUSSEX	4,360				
SHANNON	4,787				
TEEPEE BUTTES	6,196				
NIOBRARA	6,990				

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: 1/7/2015 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400752792	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400752794	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>		
400752652	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766107	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766108	CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766112	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766113	MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766115	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766116	MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766117	GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766118	GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400766121	LAS-GAMMA RAY	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)