

FORM  
5

Rev  
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:

400822380

Date Received:

04/09/2015

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) 2284330  
Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

API Number 05-123-38046-00 County: WELD  
Well Name: Oscar Y Well Number: 10-72HN  
Location: QtrQtr: NESE Section: 10 Township: 2N Range: 64W Meridian: 6  
Footage at surface: Distance: 2380 feet Direction: FSL Distance: 823 feet Direction: FEL  
As Drilled Latitude: 40.152220 As Drilled Longitude: -104.531060

GPS Data:  
Date of Measurement: 08/01/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 2118 feet Direction: FNL Dist.: 680 feet Direction: FEL  
Sec: 10 Twp: 2N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 77 feet Direction: FNL Dist.: 614 feet Direction: FEL  
Sec: 3 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/27/2014 Date TD: 11/16/2014 Date Casing Set or D&A: 11/18/2014  
Rig Release Date: 11/19/2014 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 14445 TVD\*\* 6855 Plug Back Total Depth MD 14428 TVD\*\* 6855

Elevations GR 4928 KB 4952 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL/Mud/Gamma

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	42.05	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	1,150	450	0	1,150	VISU
1ST	8+3/4	7	26	0	7,164	777	145	7,164	CBL
1ST LINER	6+1/8	4+1/2	11.6	7055	14,430				

**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	1,313				
PARKMAN	3,887				
SUSSEX	4,251				
SHANNON	5,045				
NIOBRARA	6,928				

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 I Date: 4/9/2015 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400822541	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400822531	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"/>
<b>Other Attachments</b>			
400822380	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822447	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822449	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822452	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822456	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822461	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822462	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400822542	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)