

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:

400897414

Date Received:

09/09/2015

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) 228-4330
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

API Number 05-123-40631-00 County: WELD
Well Name: Christine Well Number: LC27-765
Location: QtrQtr: NENW Section: 34 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FNL Distance: 1590 feet Direction: FWL
As Drilled Latitude: 40.712390 As Drilled Longitude: -103.967510

GPS Data:
Date of Measurement: 02/10/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 276 feet Direction: FSL Dist.: 1648 feet Direction: FWL
Sec: 27 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 331 feet Direction: FNL Dist.: 1620 feet Direction: FWL
Sec: 27 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/18/2015 Date TD: 04/24/2015 Date Casing Set or D&A: 04/24/2015
Rig Release Date: 04/25/2015 Per Rule 308A.b.

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

Total Depth MD 11297 TVD** 6063 Plug Back Total Depth MD 11280 TVD** 6063
Elevations GR 4827 KB 4857 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD, (IND on 123-40640)

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	110	80	0	110	VISU
SURF	13+1/2	9+5/8	36	0	663	292	0	663	VISU
1ST	8+3/4	7	26	0	6,424	525	2,060	6,424	CBL
1ST LINER	6+1/8	4+1/2	11.6	6320	11,282				

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	439				
PARKMAN	3,359				
SUSSEX	4,074				
SHANNON	4,479				
NIOBRARA	6,039				

Operator Comments

No mud logs run. No open-hole logs were run on this well.
The designated Induction log on this pad will be the Jessica LC27-775, (05-123-40640)

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: 9/9/2015 Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400897469	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400897470	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"/>
Other Attachments			
400897414	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897462	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897465	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897466	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897467	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897471	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)