

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400307166

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34185-00

6. County: WELD

7. Well Name: McKay Federal

Well Number: AB02-15

8. Location: QtrQtr: SWSE Section: 2 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 610 feet Direction: FSL Distance: 2095 feet Direction: FEL

As Drilled Latitude: 40.596630 As Drilled Longitude: -104.514220

GPS Data:

Date of Measurement: 03/20/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: TOM CAT

10. Field Number: 82390

11. Federal, Indian or State Lease Number: COC67169

12. Spud Date: (when the 1st bit hit the dirt) 03/03/2012 13. Date TD: 03/09/2012 14. Date Casing Set or D&A: 03/14/2012

15. Well Classification:

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

16. Total Depth MD 9129 TVD** 17 Plug Back Total Depth MD 7901 TVD**

18. Elevations GR 4882 KB 4896

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/CCL/GRL/VDL, SDL/DSNL/ACL/TRL.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36.00	14	1,845	800	0	1,855	
1ST	8+3/4	7+0/0	26.00	14	9,106	550	1,950	9,106	CBL

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:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,497		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,127		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,762		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,054		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,079		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,153		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,401		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,471		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,481		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,820		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400307293	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400307261	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400307265	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)