

**FORM**  
**5**Rev  
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



DE ET OE ES

Document Number:

400277295

Date Received:

08/21/2012

**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: Sarah Finnegan

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2265

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33878-00

6. County: WELD

7. Well Name: DRAKE PC

Well Number: MM14-15D

8. Location: QtrQtr: NWSE Section: 14 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 1809 feet Direction: FSL Distance: 1870 feet Direction: FEL

As Drilled Latitude: 40.571860 As Drilled Longitude: -104.857610

## GPS Data:

Date of Measurement: 10/05/2011 PDOP Reading: 3.3 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 2028 feet. Direction: FEL

Sec: 14 Twp: 7N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 2028 feet. Direction: FEL

Sec: 14 Twp: 7N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/04/2011 13. Date TD: 09/08/2011 14. Date Casing Set or D&amp;A: 09/09/2011

## 15. Well Classification:

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

16. Total Depth MD 7681 TVD\*\* 7527 17 Plug Back Total Depth MD 7626 TVD\*\* 7472

18. Elevations GR 5002 KB 5018

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, Triple Combo

## 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        | 12+1/4       | 8+5/8          | 24    | 0             | 646           | 234       | 0       | 652     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,671         | 625       | 2,120   | 7,681   | 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                    |   |
| PARKMAN                                | 3,722          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX                                 | 4,564          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                | 4,919          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,205          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 7,495          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,515          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Sarah Finnegan

Title: Regulatory Analyst Date: 8/21/2012 Email: sfinnegan@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400277303                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400277302                   | 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>    |                        |            |                                     |    |                                     |
| 400277295                   | FORM 5 SUBMITTED       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400277300                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400277304                   | DIRECTIONAL DATA       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400318736                   | LAS-CEMENT BOND        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)