

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:

400400065

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35288-00

6. County: WELD

7. Well Name: IGO CREEK STATE PC

Well Number: LD16-64HN

8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 1149 feet Direction: FSL Distance: 234 feet Direction: FEL

As Drilled Latitude: 40.747150 As Drilled Longitude: -103.860460

GPS Data:

Data of Measurement: 07/03/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1975 feet. Direction: FSL Dist.: 835 feet. Direction: FEL

Sec: 16 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1823 feet. Direction: FSL Dist.: 659 feet. Direction: FWL

Sec: 16 Twp: 9N Rng: 58W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9059.6

12. Spud Date: (when the 1st bit hit the dirt) 05/16/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/24/2012

15. Well Classification:

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

16. Total Depth MD 10059 TVD** 5676 17 Plug Back Total Depth MD 10043 TVD** 5660

18. Elevations GR 4703 KB 4733

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, NO OTHER LOGS WERE SUBMITTED AT THIS TIME.

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
CONDUCTOR	24	16	75	0	130	160	0	130	
SURF	13+3/4	9+5/8	36	0	1,231	465	0	1,231	
1ST	8+3/4	7	26	0	6,174	495	0	6,174	
1ST LINER	6+1/8	4+1/2	11.6	6025	10,044	0			

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	3,267		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,037		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,815		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400400080	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>					
400400073	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400400079	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)