

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:
400411067

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 05-123-33330-00 6. County: WELD
7. Well Name: CASTOR LC Well Number: 26-75HN
8. Location: QtrQtr: SESW Section: 26 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 380 feet Direction: FSL Distance: 2580 feet Direction: FWL
As Drilled Latitude: 40.715380 As Drilled Longitude: -103.944960

GPS Data:

Data of Measurement: 11/06/2012 PDOP Reading: 5.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 885 feet. Direction: FSL Dist.: 2564 feet. Direction: FWL
Sec: 26 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 690 feet. Direction: FNL Dist.: 2565 feet. Direction: FEL
Sec: 26 Twp: 9N Rng: 59W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/24/2012 13. Date TD: 11/01/2012 14. Date Casing Set or D&A: 11/01/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10354 TVD** 5974 17 Plug Back Total Depth MD 10338 TVD** 5958

18. Elevations GR 4823 KB 4853

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, PDF ATTACHED, GR, Mud

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+1/16	16	42.09	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36	0	636	295	0	636	VISU
1ST	8+3/4	7	26	0	6,415	550	1,303	6,415	CBL
1ST LINER	6+1/8	4+1/2	11.6	6303	10,339	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	
PIERRE	2,364		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,266		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,020		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,411		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,216		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,020		<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 ?	
Attachment Checklist			
400411077	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400411078	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"/>
400411079	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400411075	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411080	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411095	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411096	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411097	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)