

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:

400413954

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 05-123-33067-00

6. County: WELD

7. Well Name: TIMBRO FEDERAL

Well Number: LD08-62HN

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

Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL

As Drilled Latitude: 40.759950 As Drilled Longitude: -103.880660

GPS Data:

Data of Measurement: 10/30/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FSL Dist.: 849 feet. Direction: FEL

Sec: 8 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 718 feet. Direction: FSL Dist.: 1502 feet. Direction: FWL

Sec: 8 Twp: 9N Rng: 58W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: N/A

12. Spud Date: (when the 1st bit hit the dirt) 07/25/2012 13. Date TD: 08/01/2012 14. Date Casing Set or D&A: 08/08/2012

15. Well Classification:

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

16. Total Depth MD 9269 TVD** 5839 17 Plug Back Total Depth MD 9162 TVD** 5732

18. Elevations GR 4788 KB 4818

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, Gamma-MD-TVD

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+0/0	16+0/0	42.05	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	40.00	0	1,595	581	0	1,595	VISU
1ST	8+3/4	7+0/0	26.00	0	6,235	510	1,000	6,235	CALC
1ST LINER	6+1/8	4+1/2	11.60	6135	9,164	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	
SHARON SPRINGS	5,739		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,904		<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>					
400414148	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>					
400414140	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414142	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414143	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414150	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414160	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)