

**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:

400414346

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35817-00

6. County: WELD

7. Well Name: LONGS AC

Well Number: 02-15

8. Location: QtrQtr: SWSE Section: 2 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1920 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/21/2012 13. Date TD: 07/31/2012 14. Date Casing Set or D&A: 07/22/2012

15. Well Classification:

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

16. Total Depth MD 8910 TVD** 17 Plug Back Total Depth MD 8798 TVD**

18. Elevations GR 4837 KB 4850

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:

TRIPLE COMBO
CEMENT LOG

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+1/2	9+5/8	36	13	754	378	0	754	
1ST	8+3/4	7+0/0	26	13	8,896	757	8,807	8,896	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	
PIERRE	2,617		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,624		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,529		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,081		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES	5,913		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,895		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,330		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,608		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Confidential Status is requested with an effective date of May 8, 2013. Special drilling techniques are being used.

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

Signed: _____ Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance Date: _____ Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
400415441	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"/>
Other Attachments		
400415366	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400415368	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400415516	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400415905	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)