

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:

400430027

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 05-123-33166-00

6. County: WELD

7. Well Name: CASTOR LC

Well Number: 25-72HN

8. Location: QtrQtr: SESE Section: 25 Township: 9N Range: 59W Meridian: 6

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

As Drilled Latitude: 40.715880 As Drilled Longitude: -103.918240

GPS Data:

Data of Measurement: 01/17/2013 PDOP Reading: 3.4 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 731 feet. Direction: FSL Dist.: 694 feet. Direction: FEL

Sec: 25 Twp: 5N Rng: 59W

** If directional footage at Bottom Hole Dist.: 696 feet. Direction: FNL Dist.: 776 feet. Direction: FEL

Sec: 25 Twp: 5N 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) 01/23/2013 13. Date TD: 01/30/2013 14. Date Casing Set or D&A: 01/30/2013

15. Well Classification:

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

16. Total Depth MD 10328 TVD** 6007 17 Plug Back Total Depth MD 10312 TVD** 5991

18. Elevations GR 4884 KB 4908

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 SENT 6/6, MUD, GR

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	26	16	42.09	0	124	80	0	124	VISU
SURF	12+1/4	9+5/8	36	0	1,437	588	0	1,437	VISU
1ST	8+3/4	7	26	0	6,404	555	1,070	6,404	CALC
1ST LINER	6+1/8	4+1/2	11.6	6267	10,313	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	3,259		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,791		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,488		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES	5,142		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,800		<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>					
400430100	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400430101	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>					
400430082	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400430083	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400430084	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400430102	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)