

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:

400431435

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 05-123-34929-00

6. County: WELD

7. Well Name: FURROW FEDERAL PC

Well Number: AB14-64HN

8. Location: QtrQtr: NWSW Section: 14 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 1657 feet Direction: FSL Distance: 250 feet Direction: FWL

As Drilled Latitude: 40.570550 As Drilled Longitude: -104.525140

GPS Data:

Data of Measurement: 12/03/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1994 feet. Direction: FSL Dist.: 619 feet. Direction: FWL

Sec: 14 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2004 feet. Direction: FSL Dist.: 539 feet. Direction: FEL

Sec: 14 Twp: 7N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: COC071630

12. Spud Date: (when the 1st bit hit the dirt) 01/17/2013 13. Date TD: 01/26/2013 14. Date Casing Set or D&A: 01/27/2013

15. Well Classification:

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

16. Total Depth MD 11273 TVD** 6859 17 Plug Back Total Depth MD 11257 TVD** 6843

18. Elevations GR 4807 KB 4820

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, MUD sent 3/18/2013

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	42.05	0	93	80	0	93	VISU
SURF	13+3/4	9+5/8	36	0	1,116	466	0	1,116	VISU
1ST	8+3/4	7	26	0	7,096	598	908	7,096	CALC
1ST LINER	6+1/8	4+1/2	11.6	6213	11,258	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	2,859		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,768		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,559		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,152		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,061		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,897		<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>					
400431590	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400431651	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400431597	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)