

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:
400432366

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-36391-00
6. County: WELD
7. Well Name: THISTLE DOWN STATE PC Well Number: F36-69HN
8. Location: QtrQtr: SESE Section: 25 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 1136 feet Direction: FSL Distance: 860 feet Direction: FEL
As Drilled Latitude: 40.366000 As Drilled Longitude: -104.605121

GPS Data:

Data of Measurement: 06/07/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 68 feet. Direction: FNL Dist.: 1218 feet. Direction: FEL

Sec: 36 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 78 feet. Direction: FNL Dist.: 543 feet. Direction: FWL

Sec: 36 Twp: 5N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: 81/6053-S

12. Spud Date: (when the 1st bit hit the dirt) 02/26/2013 13. Date TD: 03/07/2013 14. Date Casing Set or D&A: 04/11/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11126 TVD** 6942 17 Plug Back Total Depth MD 10540 TVD** 6929

18. Elevations GR 4723 KB 4741

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, 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	20	133	0	98	80	0	98	VISU
SURF	13+3/4	9+5/8	36	0	674	427	0	674	VISU
1ST	8+3/4	7	26	0	7,475	685	960	7,475	CALC
1ST LINER	6+1/8	4+1/2	11.6	6770	10,541	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	2,453		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,891		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,168		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,637		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,050		<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			
400432402	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400432403	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"/>
Other Attachments			
400432386	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400432387	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400432389	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400432392	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400432405	DIRECTIONAL DATA	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)