

**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:

400469294

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 05-123-37096-00

6. County: WELD

7. Well Name: CASTOR

Well Number: LD12-78HN

8. Location: QtrQtr: SWSW Section: 12 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 288 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.759910 As Drilled Longitude: -103.820220

## GPS Data:

Date of Measurement: 08/07/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1088 feet. Direction: FSL Dist.: 680 feet. Direction: FWL

Sec: 12 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 673 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 12 Twp: 9N Rng: 58W

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) 05/16/2013 13. Date TD: 05/21/2013 14. Date Casing Set or D&amp;A: 05/22/2013

## 15. Well Classification:

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

16. Total Depth MD 9505 TVD\*\* 5521 17 Plug Back Total Depth MD 9481 TVD\*\* 5497

18. Elevations GR 4630 KB 4654

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/Gamma

## 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	20+0/0	14+0/0	113	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	1,217	490	0	1,217	VISU
1ST	8+3/4	7+0/0	26.00	0	5,860	485	1,190	5,860	CALC
1ST LINER	6+1/8	4+1/2	11.60	5747	9,490	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	2,259		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,078		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,640		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,373		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,742		<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>		
400469735	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400469736	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>		
400469737	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469738	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469739	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469740	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469741	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469742	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469743	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469748	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400469751	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)