

**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:

400463523

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 05-123-37097-00

6. County: WELD

7. Well Name: CASTOR FEDERAL

Well Number: LD13-78HN

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

Footage at surface: Distance: 250 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: 1.8 GPS Instrument Operator's Name: Brianne Holman

\*\* If directional footage at Top of Prod. Zone Dist.: 736 feet. Direction: FNL Dist.: 704 feet. Direction: FWL

Sec: 13 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 671 feet. Direction: FSL Dist.: 684 feet. Direction: FWL

Sec: 13 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) 05/23/2013 13. Date TD: 05/28/2013 14. Date Casing Set or D&amp;A: 05/28/2013

## 15. Well Classification:

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

16. Total Depth MD 9888 TVD\*\* 5520 17 Plug Back Total Depth MD 9871 TVD\*\* 5503

18. Elevations GR 4628 KB 4652

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	
SURF	13+3/4	9+5/8	36.00	0	1,232	496	0	1,232	
1ST	8+3/4	7+0/0	26.00	0	5,871	480	1,350	5,871	
1ST LINER	6+1/8	4+1/2	11.60	5768	9,873	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	2,199		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,030		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,605		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,326		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,707		<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 ?
<b><u>Attachment Checklist</u></b>		
400464008	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400464009	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"/>
<b><u>Other Attachments</u></b>		
400463992	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400463994	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400463995	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400463996	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400463998	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400464002	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400464007	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400464011	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400465552	PDF-CEMENT BOND	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)