

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:  
400470727

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 05-123-35596-00 6. County: WELD  
7. Well Name: ROACH Well Number: N14-65-1HN  
8. Location: QtrQtr: NESE Section: 14 Township: 5N Range: 67W Meridian: 6  
Footage at surface: Distance: 2208 feet Direction: FSL Distance: 468 feet Direction: FEL  
As Drilled Latitude: 40.398290 As Drilled Longitude: -104.852640

GPS Data:  
Date of Measurement: 07/19/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: Brianne Holman

\*\* If directional footage at Top of Prod. Zone Dist.: 2321 feet. Direction: FSL Dist.: 938 feet. Direction: FEL  
Sec: 14 Twp: 5N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: 2305 feet. Direction: FSL Dist.: 537 feet. Direction: FWL  
Sec: 14 Twp: 5N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/14/2013 13. Date TD: 06/23/2013 14. Date Casing Set or D&A: 06/24/2013

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11353 TVD\*\* 6991 17 Plug Back Total Depth MD 11328 TVD\*\* 6966

18. Elevations GR 4934 KB 4950  
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  
CBL Hard Copy sent.

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+0/0	16+0/0	48.50	0	96	80	0	96	VISU
SURF	13+3/4	9+5/8	36.00	0	1,324	652	0	1,324	VISU
1ST	8+3/4	7+0/0	26.00	0	7,423	610	0	7,423	CALC
1ST LINER	6+1/8	4+1/2	11.60	7315	11,338	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	1,456		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,720		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,205		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,768		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,319		<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>Attachment Checklist</b>			
400470821	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400470824	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>Other Attachments</b>			
400470828	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471216	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471220	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471222	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471237	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471257	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471269	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471280	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)