

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:

400474888

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 05-123-36442-00

6. County: WELD

7. Well Name: Sauer

Well Number: F33-77HN

8. Location: QtrQtr: SESW Section: 33 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 238 feet Direction: FSL Distance: 1587 feet Direction: FWL

As Drilled Latitude: 40.349144 As Drilled Longitude: -104.672086

GPS Data:

Date of Measurement: 08/05/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 909 feet. Direction: FSL Dist.: 1324 feet. Direction: FWL

Sec: 33 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 535 feet. Direction: FNL Dist.: 1309 feet. Direction: FWL

Sec: 33 Twp: 5N Rng: 65W

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) 03/21/2013 13. Date TD: 03/29/2013 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 11354 TVD** 6953 17 Plug Back Total Depth MD 11338 TVD** 6953

18. Elevations GR 4671 KB 4684

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	16	42.05	0	93	80	0	93	VISU
SURF	13+3/4	9+5/8	36	0	610	321	0	610	VISU
1ST	8+3/4	7	26	0	342	665	870	7,342	CALC
1ST LINER	6+1/8	4+1/2	11.6	7245	11,339	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	2,670		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,688		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,299		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,868		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,072		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,854		<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>		
400474921	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400474922	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>		
400474890	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474892	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474893	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474895	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474898	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474906	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400474923	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400475342	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400475344	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)