

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:

400481887

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: Julie Webb
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2316
3. Address: 1625 BROADWAY STE 2200 Fax:
City: DENVER State: CO Zip: 80202

5. API Number 05-123-37246-00 6. County: WELD
7. Well Name: Vigilant State Well Number: AC16-01
8. Location: QtrQtr: NENE Section: 16 Township: 7N Range: 63W Meridian: 6
Footage at surface: Distance: 745 feet Direction: FNL Distance: 679 feet Direction: FEL
As Drilled Latitude: 40.579381 As Drilled Longitude: -104.434351

GPS Data:

Data of Measurement: 11/27/2013 PDOP Reading: 5.2 GPS Instrument Operator's Name: Gentry Muniz

** If directional footage at Top of Prod. Zone Dist.: 753 feet. Direction: FNL Dist.: 678 feet. Direction: FEL

Sec: 16 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 753 feet. Direction: FNL Dist.: 678 feet. Direction: FEL

Sec: 16 Twp: 7N Rng: 63W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 1180.10

12. Spud Date: (when the 1st bit hit the dirt) 06/21/2013 13. Date TD: 06/27/2013 14. Date Casing Set or D&A: 06/29/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8990 TVD** 8990 17 Plug Back Total Depth MD 8890 TVD** 8890

18. Elevations GR 4866 KB 4879 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, Gamma Ray, Mud

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	0	93	80	0	93	CALC
SURF	13+3/4	9+5/8	40	0	782	419	0	782	CALC
1ST	8+3/4	7	26	0	8,972	840	1,340	8,990	CBL

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	
NIOBRARA	6,650		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,937		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,661		<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: Julie Webb

Title: Regulatory Analyst Date: _____ Email: jwebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400481998	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400481893	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			
400481888	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481891	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481892	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481894	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)