

FORM  
5Rev  
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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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 GroupCommentComment Date

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Total: 0 comment(s)