

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:

400578459

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 05-123-37202-00

6. County: WELD

7. Well Name: Cockroft

Well Number: B11-62-1HN

8. Location: QtrQtr: SWSW Section: 11 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 245 feet Direction: FSL Distance: 322 feet Direction: FWL

As Drilled Latitude: 40.407128 As Drilled Longitude: -104.525903

## GPS Data:

Data of Measurement: 03/21/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone Dist.: 342 feet. Direction: FSL Dist.: 1018 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 382 feet. Direction: FSL Dist.: 536 feet. Direction: FEL

Sec: 11 Twp: 5N Rng: 64W

9. Field Name: KERSEY

10. Field Number: 44600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/28/2013 13. Date TD: 12/07/2013 14. Date Casing Set or D&amp;A: 12/07/2013

## 15. Well Classification:

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

16. Total Depth MD 10754 TVD\*\* 6556 17 Plug Back Total Depth MD 10743 TVD\*\* 6556

18. Elevations GR 4599 KB 4623

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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	627	351	0	627	VISU
1ST	8+3/4	7	26	0	6,913	641	710	6,913	CALC
1ST LINER	6+1/8	4+1/2	11.6	6759	10,744	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	2,175		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,474		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,190		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,754		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,777		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,564		<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 ?
<b><u>Attachment Checklist</u></b>		
400578485	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400578486	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>		
400578474	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578475	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578477	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578478	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578480	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578481	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578483	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578484	PDF-LATEROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578490	DIRECTIONAL DATA	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)