

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



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Document Number:

400577560

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 05-123-37201-00 6. County: WELD  
7. Well Name: Holman Well Number: B15-66HN  
8. Location: QtrQtr: SENW Section: 14 Township: 5N Range: 64W Meridian: 6  
Footage at surface: Distance: 2163 feet Direction: FNL Distance: 2298 feet Direction: FWL  
As Drilled Latitude: 40.400572 As Drilled Longitude: -104.518541

GPS Data:

Date of Measurement: 08/22/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brandi Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 2439 feet. Direction: FNL Dist.: 1486 feet. Direction: FWL

Sec: 14 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2188 feet. Direction: FNL Dist.: 1191 feet. Direction: FWL

Sec: 15 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) 08/24/2013 13. Date TD: 08/31/2013 14. Date Casing Set or D&A: 09/01/2013

15. Well Classification:

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

16. Total Depth MD 12684 TVD\*\* 6585 17 Plug Back Total Depth MD 12664 TVD\*\* 6585

18. Elevations GR 4584 KB 4608

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

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	42.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	642	414	0	642	VISU
1ST	8+3/4	7+0/0	26.00	0	6,974	625	1,600	6,974	CALC
1ST LINER	6+1/8	4+1/2	11.60	6823	12,674	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	2,245		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,444		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,139		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,745		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,636		<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 ?
<u>Attachment Checklist</u>		
400577946	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400577947	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>		
400577930	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577934	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577935	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577937	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577938	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577939	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577940	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400577951	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400578692	PDF-CEMENT BOND	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)