

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:

400580430

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 05-123-37419-00

6. County: WELD

7. Well Name: CROW CREEK STATE AC

Well Number: 36-75HN

8. Location: QtrQtr: SWSE Section: 36 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1613 feet Direction: FEL

As Drilled Latitude: 40.523629 As Drilled Longitude: -104.380649

GPS Data:

Data of Measurement: 06/26/2013 PDOP Reading: 4.7 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 957 feet. Direction: FSL Dist.: 2661 feet. Direction: FWL

Sec: 36 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 538 feet. Direction: FNL Dist.: 2630 feet. Direction: FWL

Sec: 36 Twp: 7N Rng: 63W

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) 09/19/2013 13. Date TD: 09/25/2013 14. Date Casing Set or D&A: 09/26/2013

15. Well Classification:

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

16. Total Depth MD 11030 TVD** 6697 17 Plug Back Total Depth MD 11019 TVD** 6697

18. Elevations GR 4847 KB 4871

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	75	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	602	368	0	602	VISU
1ST	8+3/4	7	26	0	7,201	587	770	7,201	CALC
1ST LINER	6+1/8	4+1/2	11.6	7050	11,020	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	2,541		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,630		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,419		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,072		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,989		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,743		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS TAKEN ON CONDUCTOR

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>					
400580476	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400580478	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>					
400580464	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580465	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580466	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580467	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580469	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580471	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580473	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400580964	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)