

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:  
400607905

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Kathleen Mills  
Phone: (720) 587-2226  
Fax: (303) 228-4286

5. API Number 05-123-38069-00  
6. County: WELD  
7. Well Name: Five Rivers  
Well Number: K18-69HN  
8. Location: QtrQtr: SESE Section: 8 Township: 4N Range: 66W Meridian: 6  
Footage at surface: Distance: 862 feet Direction: FSL Distance: 689 feet Direction: FEL  
As Drilled Latitude: 40.321320 As Drilled Longitude: -104.794689

GPS Data:  
Date of Measurement: 11/19/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone  
Dist.: 81 feet. Direction: FSL Dist.: 1435 feet. Direction: FEL  
Sec: 8 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole  
Dist.: 139 feet. Direction: FSL Dist.: 548 feet. Direction: FWL  
Sec: 7 Twp: 4N Rng: 66W

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) 01/21/2014 13. Date TD: 02/07/2014 14. Date Casing Set or D&A: 02/13/2014

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 16145 TVD\*\* 7046 17 Plug Back Total Depth MD 16129 TVD\*\* 7046

18. Elevations GR 4702 KB 4718  
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	42.09	0	94	64	0	94	VISU
SURF	13+3/4	9+5/8	36	0	606	375	0	606	VISU
1ST	8+3/4	7	26	0	7,564	695	900	764	CALC
1ST LINER	6+1/8	4+1/2	11.6	7456	16,130	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	784		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,753		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,188		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,817		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,182		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,045		<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 ?	
<b>Attachment Checklist</b>			
400608015	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400608018	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>Other Attachments</b>			
400607943	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607945	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607948	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607965	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608003	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608009	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608012	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608019	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)