

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:

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

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 05-123-38069-00

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:

Data 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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)