

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:  
400608274

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: EILEEN ROBERTS  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-36329-00  
6. County: WELD  
7. Well Name: No Worries PC  
Well Number: G14-64-1HN  
8. Location: QtrQtr: SWSW Section: 14 Township: 4N Range: 65W Meridian: 6  
Footage at surface: Distance: 1269 feet Direction: FSL Distance: 276 feet Direction: FWL  
As Drilled Latitude: 40.308676 As Drilled Longitude: -104.638725

GPS Data:  
Date of Measurement: 04/22/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 1503 feet. Direction: FSL Dist.: 911 feet. Direction: FWL  
Sec: 14 Twp: 4N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1494 feet. Direction: FSL Dist.: 536 feet. Direction: FEL  
Sec: 14 Twp: 4N Rng: 65W

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) 01/20/2014 13. Date TD: 01/26/2014 14. Date Casing Set or D&A: 01/26/2014

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

16. Total Depth MD 11209 TVD\*\* 6864 17 Plug Back Total Depth MD 11178 TVD\*\* 6864

18. Elevations GR 4695 KB 4719  
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	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	645	361	0	645	VISU
1ST	8+3/4	7+0/0	26.00	0	7,242	633	548	7,242	CALC
1ST LINER	6+1/8	4+1/2	11.60	7141	11,189	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	895		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,630		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,118		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,882		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,864		<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 ?	
<b>Attachment Checklist</b>			
400608735	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400608738	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>			
400608685	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608716	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608717	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608719	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608721	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608726	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400608741	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)