

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:

400632647

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 05-123-38238-00

6. County: WELD

7. Well Name: Peaks

Well Number: K26-77-1HN

8. Location: QtrQtr: NWNW Section: 35 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 770 feet Direction: FNL Distance: 1035 feet Direction: FWL

As Drilled Latitude: 40.273470 As Drilled Longitude: -104.750157

GPS Data:

Date of Measurement: 02/03/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: DEVON COLGATE

** If directional footage at Top of Prod. Zone Dist.: 721 feet. Direction: FSL Dist.: 1627 feet. Direction: FWL

Sec: 26 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 99 feet. Direction: FNL Dist.: 1646 feet. Direction: FWL

Sec: 26 Twp: 4N Rng: 66W

9. Field Name: HAMBERT

10. Field Number: 33530

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/21/2014 13. Date TD: 02/26/2014 14. Date Casing Set or D&A: 03/03/2014

15. Well Classification:

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

16. Total Depth MD 12100 TVD** 5981 17 Plug Back Total Depth MD 12092 TVD** 5981

18. Elevations GR 4787 KB 4811

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:

USIT, 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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	664	371	0	664	VISU
1ST	8+3/4	7	26	0	7,526	672	280	7,526	CALC
1ST LINER	6+1/8	4+1/2	11.6	7323	12,094	370	7,341	12,094	CALC

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	1,441		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,802		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,438		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,922		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,120		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,189		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

GPS TAKEN ON CONDUCTOR. RESISTIVITY LOG RUN ON PEEPLER K26-79-1HN

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>		
400632854	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400632855	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>		
400632788	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632816	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632821	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632824	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632827	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632829	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632835	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632846	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400632856	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)