

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:

400645415

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37985-00

6. County: WELD

7. Well Name: Sater

Well Number: CC18-72-1HN

8. Location: QtrQtr: SESE Section: 18 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FSL Distance: 300 feet Direction: FEL

As Drilled Latitude: 40.305627 As Drilled Longitude: -104.472125

GPS Data:

Data of Measurement: 02/13/2014 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 0 feet. Direction: FEL

Sec: 0 Twp: 0 Rng: 0

** If directional footage at Bottom Hole Dist.: 73 feet. Direction: FSL Dist.: 311 feet. Direction: FEL

Sec: 18 Twp: 4N 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) 03/04/2014 13. Date TD: 03/16/2014 14. Date Casing Set or D&A: 03/16/2014

15. Well Classification:

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

16. Total Depth MD 6890 TVD** 6876 17 Plug Back Total Depth MD 6890 TVD** 6876

18. Elevations GR 4679 KB 4703

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	24+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	8+3/4	9+5/8	36.00	0	669	373	0	669	VISU
1ST	6+1/8	4+1/2	26.00	0	6,890	575	632	6,890	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		246	5,622	6,246
	1ST		320	6,251	6,791

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	1,106		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,631		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,372		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,971		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,638		<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 ?			
<u>Attachment Checklist</u>					
400646496	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400646494	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>					
400646468	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646474	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646481	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646484	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646488	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646489	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400646528	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)