

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:
400679806

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 05-123-38322-00
6. County: WELD
7. Well Name: CHANDLER STATE
Well Number: D15-72-1HN
8. Location: QtrQtr: NENE Section: 15 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 300 feet Direction: FNL Distance: 350 feet Direction: FEL
As Drilled Latitude: 40.231841 As Drilled Longitude: -104.529108

GPS Data:
Date of Measurement: 08/18/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 873 feet. Direction: FNL Dist.: 346 feet. Direction: FEL
Sec: 15 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 77 feet. Direction: FSL Dist.: 347 feet. Direction: FEL
Sec: 15 Twp: 3N Rng: 64W

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) 04/17/2014 13. Date TD: 04/24/2014 14. Date Casing Set or D&A: 04/26/2014

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

16. Total Depth MD 11640 TVD** 6833 17 Plug Back Total Depth MD 11624 TVD** 6833

18. Elevations GR 4786 KB 4802
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, RES/GR/CAL

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	18	16	42.00	0	96	48	0	96	VISU
SURF	13+3/4	9+5/8	36	0	661	423	0	661	VISU
1ST	8+3/4	7	26	0	7,172	658	300	7,172	CALC
1ST LINER	6+1/8	4+1/2	11.6	782	11,625	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	531		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,735		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,231		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,885		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,823		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,744		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400679936	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400679937	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"/>
Other Attachments			
400679922	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679925	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679926	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679927	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679929	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679931	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679934	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679935	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679938	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)