

FORM
5Rev
09/14

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:

400700772

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

OGCC Operator Number: 100322

Contact Name: Kathleen Mills

Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38087-00

County: WELD

Well Name: Sandau State

Well Number: K25-62-1HNL

Location: QtrQtr: SWSW Section: 25 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 320 feet Direction: FSL Distance: 320 feet Direction: FWL

As Drilled Latitude: 40.276624 As Drilled Longitude: -104.733685

GPS Data:

Date of Measurement: 01/20/2014 PDOP Reading: 3.9 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 349 feet. Direction: FSL Dist.: 1134 feet. Direction: FWL

Sec: 25 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 334 feet. Direction: FSL Dist.: 545 feet. Direction: FEL

Sec: 30 Twp: 4N Rng: 65W

Field Name: HAMBERT

Field Number: 33530

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/21/2014 Date TD: 04/07/2014 Date Casing Set or D&A: 04/13/2014

Rig Release Date: 04/14/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16640 TVD** 7115 Plug Back Total Depth MD 16624 TVD** 7115

Elevations GR 4798 KB 4814 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, GR/RES

CASING, LINER AND CEMENT

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	403	0	661	VISU
1ST	8+3/4	7	26	0	7,484	692	395	7,484	CALC
1ST LINER	6+1/8	4+1/2	11.6	7352	16,625	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,671				
PARKMAN	3,714				
SUSSEX	4,323				
SHANNON	4,941				
TEEPEE BUTTES	5,771				
NIOBRARA	7,062				

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 ?	
<u>Attachment Checklist</u>			
400700934	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400700935	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>			
400700905	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700911	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700919	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700920	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700922	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700924	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700926	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700928	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400700936	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)