

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:

400706637

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

API Number 05-123-38191-00

County: WELD

Well Name: Oscar

Well Number: Y10-79HN

Location: QtrQtr: NWSW Section: 10 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 2380 feet Direction: FSL Distance: 550 feet Direction: FWL

As Drilled Latitude: 40.152257 As Drilled Longitude: -104.545121

GPS Data:

Date of Measurement: 07/22/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FWL

Sec: 0 Twp: 0 Rng: 0

** If directional footage at Bottom Hole Dist.: 558 feet. Direction: FNL Dist.: 47 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 64

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/29/2014 Date TD: 03/30/2014 Date Casing Set or D&A: 03/30/2014

Rig Release Date: 04/12/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7926 TVD** 6950 Plug Back Total Depth MD 7926 TVD** 6950

Elevations GR 4943 KB 4973 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Logs will be submitted on the Oscar Y 10-79HNX sidetrack form 5.

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	26+0/0	16+0/0	42.05	0	130	88	0	130	VISU
SURF	8+3/4	9+5/8	36.00	0	1,154	489	0	1,154	VISU
1ST	6+1/8	4+1/2	26.00	0	7,352	598	895	7,352	CBL

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	1,371				
PARKMAN	4,006				
SUSSEX	4,371				
SHANNON	5,140				
NIOBRARA	6,941				

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 RobertsTitle: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400706687	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400706692	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400706696	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

