

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:

400734139

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 05-123-38153-00

County: WELD

Well Name: Storis

Well Number: E24-73HN

Location: QtrQtr: NENE Section: 24 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 1235 feet Direction: FEL

As Drilled Latitude: 40.477823 As Drilled Longitude: -104.606312

GPS Data:

Date of Measurement: 03/22/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 837 feet. Direction: FNL Dist.: 1481 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 538 feet. Direction: FSL Dist.: 1502 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/07/2014 Date TD: 05/14/2014 Date Casing Set or D&A: 05/15/2014

Rig Release Date: 07/15/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11262 TVD** 6805 Plug Back Total Depth MD 11252 TVD** 6805

Elevations GR 4684 KB 4708 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, IND/GR

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	16	42.05	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	783	401	0	783	VISU
1ST	8+3/4	7	26	0	7,139	596	585	7,139	CALC
1ST LINER	6+1/8	4+1/2	11.6	6996	11,252	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	976				
PARKMAN	3,583				
SUSSEX	4,136				
SHANNON	4,884				
TEEPEE BUTTES	5,984				
NIOBRARA	6,914				

Comment:

GPS TAKEN ON CONDUCTOR

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>		
400734218	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400734221	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>		
400734222	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734375	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734385	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734394	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734396	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734403	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734406	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734408	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400734411	LAS-GAMMA RAY	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)