

FORM
5

Rev
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



DE ET OE ES

Document Number:

400739999

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 05-123-38158-00 County: WELD
Well Name: Resolute Well Number: E25-63HN
Location: QtrQtr: SESE Section: 26 Township: 6N Range: 65W Meridian: 6
Footage at surface: Distance: 350 feet Direction: FSL Distance: 280 feet Direction: FEL
As Drilled Latitude: 40.450657 As Drilled Longitude: -104.621765

GPS Data:
Date of Measurement: 03/31/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 1015 feet. Direction: FSL Dist.: 903 feet. Direction: FWL
Sec: 25 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1160 feet. Direction: FSL Dist.: 360 feet. Direction: FEL
Sec: 25 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) 05/30/2014 Date TD: 06/05/2014 Date Casing Set or D&A: 06/06/2014

Rig Release Date: 07/21/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11151 TVD** 6781 Plug Back Total Depth MD 11135 TVD** 6781

Elevations GR 4676 KB 4692 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

USIT, MUD, 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	42.09	0	100	64	0	100	VISU
SURF	13+3/4	9+5/8	36	0	616	323	0	616	VISU
1ST	8+3/4	7	26	0	7,224	597	1,160	7,224	CALC
1ST LINER	6+1/8	4+1/2	11.6	7050	11,136	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	1,076				
PARKMAN	3,576				
SUSSEX	4,131				
SHANNON	4,895				
TEEPEE BUTTES	5,982				
NIOBRARA	6,800				

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 ?	
Attachment Checklist			
400740045	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400740046	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			
400740023	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740028	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740029	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740031	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740032	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740037	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740040	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740041	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740051	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)