

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.

Document Number:
400765582

Date Received:

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 05-123-39463-00 County: WELD

Well Name: FIVE RIVERS Well Number: K09-62-1HN

Location: QtrQtr: SESE Section: 8 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 1034 feet Direction: FSL Distance: 674 feet Direction: FEL

As Drilled Latitude: 40.321794 As Drilled Longitude: -104.794686

GPS Data:
Date of Measurement: 07/09/2014 PDOP Reading: 4.1 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 375 feet. Direction: FSL Dist.: 371 feet. Direction: FWL
Sec: 9 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 331 feet. Direction: FSL Dist.: 75 feet. Direction: FEL
Sec: 9 Twp: 4N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/07/2014 Date TD: 08/12/2014 Date Casing Set or D&A: 08/14/2014

Rig Release Date: 08/14/2014 Per Rule 308A.b.

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

Total Depth MD 12454 TVD** 7104 Plug Back Total Depth MD 12454 TVD** 7104

Elevations GR 4702 KB 4726 **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	18	16	42.09	0	127	80	0	127	VISU
SURF	13+3/4	9+5/8	36	0	629	358	0	629	VISU
1ST	8+3/4	7	26	0	7,385	627	820	7,385	CBL
1ST LINER	6+1/8	4+1/2	11.5	7284	12,439				

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	690				
PARKMAN	3,630				
SUSSEX	4,149				
SHANNON	4,807				
TEEPEE BUTTES	6,143				
NIOBRARA	6,980				

Comment:

GPS TAKEN ON CONDUCTOR. 571 SKS OF CMT DELIVERED TO THE SITE, THE SURFACE CASING USED 358 SKS.

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			
400766375	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400766376	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			
400766288	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766296	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766357	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766359	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766369	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766371	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766372	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766374	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766377	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)