

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



DE ET OE ES

Document Number:

400770767

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 05-123-39123-00

County: WELD

Well Name: NCLP

Well Number: AA06-68-1HNA

Location: QtrQtr: Lot 4 Section: 4 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 773 feet Direction: FNL Distance: 100 feet Direction: FWL

As Drilled Latitude: 40.520881 As Drilled Longitude: -104.450862

GPS Data:

Date of Measurement: 10/31/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 944 feet. Direction: FNL Dist.: 868 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 917 feet. Direction: FNL Dist.: 685 feet. Direction: FWL

Sec: 6 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/07/2014 Date TD: 06/15/2014 Date Casing Set or D&A: 06/18/2014

Rig Release Date: 06/18/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16014 TVD** 6662 Plug Back Total Depth MD 16014 TVD** 6662

Elevations GR 4712 KB 4742 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma

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 | 130 | 65 | 0 | 130 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 867 | 421 | 0 | 867 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,859 | 548 | 500 | 6,859 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.60 | 6859 | 15,999 | | | | |

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 | 1,010 | | | | |
| PARKMAN | 3,489 | | | | |
| SUSSEX | 4,337 | | | | |
| SHANNON | 4,976 | | | | |
| NIOBRARA | 6,773 | | | | |

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 Roberts

Title: Regulatory Analyst Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400771097 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400771101 | 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> | | | |
| 400771293 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772023 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772031 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772033 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772035 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772038 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400772041 | PDF-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)