

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:

400777031

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 05-123-39921-00

County: WELD

Well Name: Coalview

Well Number: G02-66-1HN

Location: QtrQtr: NESE Section: 1 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 2629 feet Direction: FSL Distance: 351 feet Direction: FEL

As Drilled Latitude: 40.341170 As Drilled Longitude: -104.603321

GPS Data:

Date of Measurement: 08/20/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2225 feet. Direction: FNL Dist.: 631 feet. Direction: FEL

Sec: 1 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2292 feet. Direction: FNL Dist.: 736 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/11/2014 Date TD: 09/19/2014 Date Casing Set or D&A: 09/22/2014

Rig Release Date: 10/05/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16600 TVD** 7021 Plug Back Total Depth MD 16600 TVD** 7021

Elevations GR 4828 KB 4852 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD

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 | 124 | 80 | 0 | 124 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 673 | 342 | 0 | 673 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,294 | 612 | 320 | 7,294 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.5 | 7098 | 16,585 | | | | |

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 | 2,876 | | | | |
| PARKMAN | 3,770 | | | | |
| SUSSEX | 4,415 | | | | |
| SHANNON | 5,036 | | | | |
| TEEPEE BUTTES | 6,169 | | | | |
| NIOBRARA | 6,951 | | | | |

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> | | |
| 400777061 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400777063 | 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> | | |
| 400777064 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777254 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777258 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777262 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777269 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777270 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777274 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777275 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400777276 | 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)