

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:

400775353

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: Cheryl Johnson

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4437

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38853-00

County: WELD

Well Name: Rainbow

Well Number: LC28-79-1HNA

Location: QtrQtr: SWSW Section: 28 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 340 feet Direction: FSL Distance: 1318 feet Direction: FWL

As Drilled Latitude: 40.715018 As Drilled Longitude: -103.987657

GPS Data:

Date of Measurement: 09/25/2014 PDOP Reading: 3.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1143 feet. Direction: FSL Dist.: 314 feet. Direction: FWL

Sec: 28 Twp: 9N Rng: 59w

** If directional footage at Bottom Hole Dist.: 675 feet. Direction: FNL Dist.: 330 feet. Direction: FWL

Sec: 28 Twp: 9N Rng: 59W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/29/2014 Date TD: 08/03/2014 Date Casing Set or D&A: 08/04/2014

Rig Release Date: 08/04/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10108 TVD** 6050 Plug Back Total Depth MD 10108 TVD** 6050

Elevations GR 4011 KB 4017 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD log, MWD, CBL/CCL/GR Resistivity log run on Rainbow LC28-73-1HNA for the pad.

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	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36	0	629	332	0	629	VISU
1ST	8+3/4	7	26	0	6,501	555	965	6,501	CBL
1ST LINER	6+1/8	4+1/2	11.5	6395	10,093				

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	2,481				
PARKMAN	3,412				
SUSSEX	4,190				
SHANNON	4,509				
TEEPEE BUTTES	5,331				
SHARON SPRINGS	6,139				
NIOBRARA	6,260				

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cheryl Johnson

Title: Regulatory Advisor

Date: _____

Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400776799	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>			
400776779	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776782	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776786	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776788	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776791	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776794	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776809	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776814	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)