

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



Document Number:

400775353

Date Received:

01/23/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: DJ HORIZONTAL NIOBRARA Field Number: 16950  
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 4854 KB 4884 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	6,511	555	525	6,511	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				

Operator Comments

\_\_\_\_\_

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: 1/23/2015

Email: cheryljohnson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	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"/>
<b><u>Other Attachments</u></b>			
400775353	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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)