

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:

400801473

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 05-123-38366-00

County: WELD

Well Name: BURTON K

Well Number: 25-67-1HN

Location: QtrQtr: SWNW Section: 25 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2305 feet Direction: FNL Distance: 265 feet Direction: FWL

As Drilled Latitude: 40.283896 As Drilled Longitude: -104.733943

GPS Data:

Date of Measurement: 12/15/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolugtele

** If directional footage at Top of Prod. Zone Dist.: 1628 feet. Direction: FNL Dist.: 1058 feet. Direction: FWL

Sec: 25 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1556 feet. Direction: FNL Dist.: 535 feet. Direction: FEL

Sec: 30 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) 11/18/2014 Date TD: 11/28/2014 Date Casing Set or D&A: 12/01/2014

Rig Release Date: 12/01/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16779 TVD** 7110 Plug Back Total Depth MD 16779 TVD** 7110

Elevations GR 4775 KB 4791 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	24	16	42	0	96	48	0	96	VISU
SURF	13+1/2	9+5/8	36	0	664	322	0	664	VISU
1ST	8+3/4	7	26	0	7,472	558	140	7,472	CBL
1ST LINER	6+1/8	4+1/2	11.6	6434	15,849				

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	2,550				
PARKMAN	3,270				
SUSSEX	4,293				
SHANNON	4,937				
NIOBRARA	7,050				

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 I

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400802059	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400802054	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>		
400802000	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802006	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802013	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802014	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802015	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802016	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400802062	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)