

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:

400807347

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 05-123-38856-00

County: WELD

Well Name: BROOK

Well Number: LC28-77-1HNA

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

Footage at surface: Distance: 340 feet Direction: FSL Distance: 1506 feet Direction: FWL

As Drilled Latitude: 40.715013 As Drilled Longitude: -103.986960

## GPS Data:

Date of Measurement: 09/25/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 765 feet. Direction: FSL Dist.: 1649 feet. Direction: FWL

Sec: 28 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 765 feet. Direction: FSL Dist.: 1649 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) 09/03/2014 Date TD: 09/12/2014 Date Casing Set or D&amp;A: 09/13/2014

Rig Release Date: 09/14/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 6410 TVD\*\* 6014 Plug Back Total Depth MD 5675 TVD\*\* 5668

Elevations GR 4853 KB 4883 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

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	42.05	30	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36	30	636	364	0	636	VISU
OPEN HOLE	8+3/4			636	6,400				CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	6,275	166	5,675	6,275

Details of work:

Plug back of Pilot Hole to KOP of -01 wellbore.

## 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	2,514				
PARKMAN	3,419				
SUSSEX	4,205				
SHANNON	4,509				
NIOBRARA	6,089				

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 RobertsTitle: Regulatory Analyst I Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

## Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400810513	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400810497	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>					
400810518	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400810521	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400810525	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400810527	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400810530	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)