

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:

400811346

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 05-123-40152-00

County: WELD

Well Name: Crow Creek

Well Number: AA01-724

Location: QtrQtr: Lot 1 Section: 1 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 290 feet Direction: FNL Distance: 1213 feet Direction: FEL

As Drilled Latitude: 40.522089 As Drilled Longitude: -104.379211

GPS Data:

Date of Measurement: 02/03/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 723 feet. Direction: FNL Dist.: 911 feet. Direction: FEL

Sec: 1 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 27 feet. Direction: FNL Dist.: 910 feet. Direction: FEL

Sec: 12 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/14/2014 Date TD: 12/19/2014 Date Casing Set or D&amp;A: 12/20/2014

Rig Release Date: 01/01/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11598 TVD\*\* 6677 Plug Back Total Depth MD 11598 TVD\*\* 6677

Elevations GR 4857 KB 4873 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, 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	24	16	42	0	96	48	0	96	VISU
SURF	13+1/2	9+5/8	36	0	687	310	0	687	VISU
1ST	8+3/4	7	26	0	7,064	722	670	7,064	CBL
1ST LINER	6+1/8	4+1/2	11.6	6949	11,583				

## 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	1,186				
PARKMAN	3,594				
SUSSEX	4,422				
SHANNON	4,988				
TEEPEE BUTTES	5,839				
NIOBRARA	6,809				

Comment:

GPS TAKEN ON CONDUCTOR  
WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN 2 YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

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>		
400811354	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400811356	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>		
400811358	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811731	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811732	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811733	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811734	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811736	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811737	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811738	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400811739	PDF-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)