

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:

400799653

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 05-123-39120-00

County: WELD

Well Name: MAHALO STATE

Well Number: AA09-78-1BHNB

Location: QtrQtr: SWSW Section: 4 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 75 feet Direction: FSL Distance: 945 feet Direction: FWL

As Drilled Latitude: 40.508755 As Drilled Longitude: -104.447835

GPS Data:

Date of Measurement: 11/17/2014 PDOP Reading: 4.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 759 feet. Direction: FNL Dist.: 1157 feet. Direction: FWL

Sec: 9 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 28 feet. Direction: FNL Dist.: 1038 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: CO 9056.6

Spud Date: (when the 1st bit hit the dirt) 01/04/2015 Date TD: 01/10/2015 Date Casing Set or D&A: 01/11/2015

Rig Release Date: 01/12/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11762 TVD** 6638 Plug Back Total Depth MD 11762 TVD** 6638

Elevations GR 4698 KB 4722 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	26	16	42.09	0	124	72	0	124	VISU
SURF	13+1/2	9+5/8	36	0	876	311	0	876	VISU
1ST	8+3/4	7	26	0	6,939	429	2,569	6,939	CBL
1ST LINER	6+1/8	4+1/2	11.6	6729	11,758	400	6,729	11,758	CBL

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	987				
PARKMAN	3,513				
SUSSEX	4,284				
SHANNON	4,848				
TEEPEE BUTTES	5,813				
NIOBRARA	6,618				

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>			
400799680	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400799687	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>			
400799690	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815294	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815296	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815297	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815300	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815301	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815302	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815303	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400815306	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)