

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:

400817899

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 05-123-37486-00

County: WELD

Well Name: Castor Federal LD

Well Number: 15-74HN

Location: QtrQtr: NWNE Section: 15 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 556 feet Direction: FNL Distance: 2210 feet Direction: FEL

As Drilled Latitude: 40.757130 As Drilled Longitude: -103.848760

## GPS Data:

Date of Measurement: 10/23/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: LTE

\*\* If directional footage at Top of Prod. Zone Dist.: 839 feet. Direction: FNL Dist.: 1954 feet. Direction: FEL

Sec: 15 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 1986 feet. Direction: FEL

Sec: 16 Twp: 9N Rng: 58W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/29/2013 Date TD: 01/04/2014 Date Casing Set or D&amp;A: 01/05/2014

Rig Release Date: 01/06/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 9978 TVD\*\* 5691 Plug Back Total Depth MD 9978 TVD\*\* 5691

Elevations GR 4707 KB 4737 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MUD, GR

## 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	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36	0	1,227	529	0	1,227	VISU
1ST	8+3/4	7	26	0	6,053	495	1,248	6,053	CBL
1ST LINER	6+1/8	4+1/2	11.6	5971	9,963				

## 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	1,338				
PARKMAN	3,210				
SUSSEX	3,845				
SHANNON	4,244				
TEEPEE BUTTES	4,944				
NIOBRARA	5,684				

Comment:

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>		
400817942	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400817943	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>		
400817910	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817917	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817920	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817921	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817923	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817936	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400817945	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400818484	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400818485	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)