

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.

Document Number:
400833168

Date Received:

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 05-123-37945-00 County: WELD

Well Name: Oscar Y Well Number: 10-73-1HN

Location: QtrQtr: NESE Section: 10 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 2380 feet Direction: FSL Distance: 860 feet Direction: FEL

As Drilled Latitude: 40.152220 As Drilled Longitude: -104.531190

GPS Data:
Date of Measurement: 08/01/2014 PDOP Reading: 5.0 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 1974 feet. Direction: FNL Dist.: 984 feet. Direction: FEL

Sec: 10 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 79 feet. Direction: FNL Dist.: 1000 feet. Direction: FEL

Sec: 3 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/28/2014 Date TD: 11/05/2014 Date Casing Set or D&A: 11/07/2014

Rig Release Date: 11/07/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 14398 TVD** 6925 Plug Back Total Depth MD 14374 TVD** 6925

Elevations GR 4928 KB 4952 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma. A Rule 317.p. Exception was granted for the subject well and no open hole logs were run.

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	42.5	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	1,149	449	0	1,149	VISU
1ST	8+3/4	7	26	24	7,300	779	150	7,300	CBL
1ST LINER	6+1/8	4+1/2	11.6	7204	14,383				

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	1,332				
PARKMAN	3,919				
SUSSEX	4,269				
SHANNON	5,030				
NIOBRARA	6,919				

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 ?	
Attachment Checklist			
400833455	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400833457	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"/>
Other Attachments			
400833445	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833448	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833449	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833450	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833451	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833454	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400833458	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)