

FORM
5
Rev
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:
400841289

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: <u>100322</u>	Contact Name: <u>EILEEN ROBERTS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number: <u>05-123-39652-00</u>	County: <u>WELD</u>
Well Name: <u>Elway State</u>	Well Number: <u>LD01-75-1BHN</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>1</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>400</u> feet Direction: <u>FSL</u> Distance: <u>2238</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.774310</u> As Drilled Longitude: <u>-103.810417</u>	

GPS Data:
Date of Measurement: 09/29/2014 PDOP Reading: 3.7 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1068 feet. Direction: FSL Dist.: 2195 feet. Direction: FEL
Sec: 1 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 810 feet. Direction: FNL Dist.: 2200 feet. Direction: FEL
Sec: 36 Twp: 10N Rng: 58W

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/21/2014 Date TD: 10/27/2014 Date Casing Set or D&A: 10/29/2014
Rig Release Date: 10/30/2014 Per Rule 308A.b.

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

Total Depth	MD	<u>14601</u>	TVD**	<u>5488</u>	Plug Back Total Depth	MD	<u>14572</u>	TVD**	<u>5488</u>
Elevations	GR	<u>4633</u>	KB	<u>4657</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>				

List Electric Logs Run:
CBL/Mud/Gamma. The Designated well for Resistivity on this pad will be, McCaffrey State 01-75-1BHN

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	1,216	471	0	1,216	VISU
1ST	8+3/4	7	26	24	5,836	437	735	5,836	CBL
1ST LINER	6+1/8	4+1/2	11.6	5727	14,586				

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	2,238				
PARKMAN	3,113				
SUSSEX	3,689				
SHANNON	4,136				
NIOBRARA	5,568				

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			
400842890	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400841346	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			
400841335	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841336	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841338	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841339	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841341	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841342	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400841349	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)