

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:

400841516

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: 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 05-123-39695-00

County: WELD

Well Name: Mecklenburg State

Well Number: LD01-72-1AHN

Location: QtrQtr: SESE Section: 1 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 400 feet Direction: FSL Distance: 1190 feet Direction: FEL

As Drilled Latitude: 40.774270 As Drilled Longitude: -103.806630

GPS Data:

Date of Measurement: 10/15/2014 PDOP Reading: 3.5 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1090 feet. Direction: FSL Dist.: 472 feet. Direction: FEL

Sec: 1 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 812 feet. Direction: FNL Dist.: 360 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) 10/23/2014 Date TD: 11/01/2014 Date Casing Set or D&amp;A: 11/02/2014

Rig Release Date: 11/03/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14824 TVD\*\* 5532 Plug Back Total Depth MD 14812 TVD\*\* 5532

Elevations GR 4652 KB 4682 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	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	1,235	490	0	1,235	VISU
1ST	8+3/4	7	26	30	6,018	450	1,250	6,018	CBL
1ST LINER	6+1/8	4+1/2	11.6	5840	14,814				

## 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	2,334				
PARKMAN	3,225				
SUSSEX	3,801				
SHANNON	4,259				
NIOBRARA	5,633				

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 ?
<u>Attachment Checklist</u>		
400843261	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400841584	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>		
400841573	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841574	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841575	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841576	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841578	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841579	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400841580	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)