

**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:  
400858896

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>05-123-39761-00</u>	County: <u>WELD</u>
Well Name: <u>Atwater State</u>	Well Number: <u>LD01-76-1AHN</u>
Location: QtrQtr: <u>SESW</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>1450</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.774399</u> As Drilled Longitude: <u>-103.816431</u>	

GPS Data:  
Date of Measurement: 10/09/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1080 feet. Direction: FSL Dist.: 2200 feet. Direction: FWL  
Sec: 1 Twp: 9N Rng: 58

\*\* If directional footage at Bottom Hole Dist.: 810 feet. Direction: FNL Dist.: 2200 feet. Direction: FWL  
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) 10/31/2014 Date TD: 11/08/2014 Date Casing Set or D&A: 11/08/2014  
Rig Release Date: 11/10/2014 Per Rule 308A.b.

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

Total Depth MD <u>14605</u> TVD** <u>5488</u> Plug Back Total Depth MD <u>14593</u> TVD** <u>5488</u>
Elevations GR <u>4648</u> KB <u>4672</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL/Mud/Gamma

**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	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	1,225	490	0	1,225	VISU
1ST	8+3/4	7	26	24	5,878	427	1,225	5,878	CBL
1ST LINER	6+1/8	4+1/2	11.6	5724	14,595				

### 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	2,274				
PARKMAN	3,164				
SUSSEX	3,751				
SHANNON	4,190				
NIOBRARA	5,702				

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 ?	
<b>Attachment Checklist</b>			
400858936	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400858939	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"/>
<b>Other Attachments</b>			
400858930	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858931	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858932	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858933	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858934	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858935	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858940	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)