

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



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Document Number:

400862422

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 05-123-38141-00

County: WELD

Well Name: RELIANCE

Well Number: E23-69-1HN

Location: QtrQtr: NWNW Section: 23 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1258 feet Direction: FNL Distance: 755 feet Direction: FWL

As Drilled Latitude: 40.475350 As Drilled Longitude: -104.637290

GPS Data:

Date of Measurement: 12/18/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 333 feet. Direction: FNL Dist.: 725 feet. Direction: FWL

Sec: 23 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 330 feet. Direction: FNL Dist.: 225 feet. Direction: FEL

Sec: 23 Twp: 6N Rng: 65W

Field Name: GREELEY

Field Number: 32760

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/02/2015 Date TD: 02/08/2015 Date Casing Set or D&A: 02/08/2015

Rig Release Date: 02/09/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11567 TVD** 6883 Plug Back Total Depth MD 11540 TVD** 6883

Elevations GR 4733 KB 4763 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma. The designated log run on this pad is, Reliance E 23-68-1HN

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	84	30	132	80	0	132	VISU
SURF	13+1/2	9+5/8	36	30	801	315	0	801	VISU
1ST	8+3/4	7	26	30	7,355	588	250	7,355	CBL
1ST LINER	6+1/8	4+1/2	11.6	7154	11,552				

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	1,014				
PARKMAN	3,666				
SUSSEX	4,228				
SHANNON	5,003				
NIOBRARA	6,948				

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>			
400862586	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400862578	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862579	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862581	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862582	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862583	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862584	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862595	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862598	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)