

DRILLING COMPLETION REPORT

Document Number:
400869370

Date Received:

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) 228-4330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

API Number 05-123-37602-00 County: WELD
 Well Name: Reliance E Well Number: 23-64-1HNC
 Location: QtrQtr: NESE Section: 23 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 2080 feet Direction: FSL Distance: 280 feet Direction: FEL
 As Drilled Latitude: 40.469920 As Drilled Longitude: -104.621850

GPS Data:
 Date of Measurement: 12/03/2014 PDOP Reading: 3.7 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1700 feet. Direction: FSL Dist.: 725 feet. Direction: FEL
 Sec: 23 Twp: 6N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1691 feet. Direction: FSL Dist.: 538 feet. Direction: FWL
 Sec: 23 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/22/2015 Date TD: 03/02/2015 Date Casing Set or D&A: 03/03/2015
 Rig Release Date: 03/04/2015 Per Rule 308A.b.

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

Total Depth MD 11420 TVD** 6933 Plug Back Total Depth MD 11396 TVD** 6933
 Elevations GR 4695 KB 4725 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma. The designated resistivity log for this pad will be; Reliance E 23-66-1HC

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	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	804	358	0	804	VISU
1ST	8+3/4	7	26	30	7,261	535	790	7,261	CBL
1ST LINER	6+1/8	4+1/2	11.6	7158	11,405				

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	957				
PARKMAN	3,616				
SUSSEX	4,146				
SHANNON	4,914				
NIOBRARA	6,690				

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

Date: _____

Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400879306	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400869443	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			
400869424	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869429	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869431	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869433	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869435	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869436	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869437	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869438	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400869444	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)