

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:
400879952

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

API Number 05-123-39055-00 County: WELD
 Well Name: Mahalo State Well Number: AA09-75HNC
 Location: QtrQtr: SWSE Section: 4 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 325 feet Direction: FSL Distance: 2415 feet Direction: FEL
 As Drilled Latitude: 40.509490 As Drilled Longitude: -104.440860

GPS Data:
 Date of Measurement: 11/26/2014 PDOP Reading: 4.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 571 feet. Direction: FNL Dist.: 2493 feet. Direction: FWL
 Sec: 9 Twp: 6N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 28 feet. Direction: FNL Dist.: 2512 feet. Direction: FWL
 Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: CO9056.6.

Spud Date: (when the 1st bit hit the dirt) 02/02/2015 Date TD: 02/09/2015 Date Casing Set or D&A: 02/10/2015
 Rig Release Date: 02/12/2015 Per Rule 308A.b.

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

Total Depth MD 11862 TVD** 6674 Plug Back Total Depth MD 11841 TVD** 6674

Elevations GR 4695 KB 4711 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma, The designated resistivity log on this pad will be; Mahalo State AA 9-73-1HNC

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	24	16	42.9	16	96	48	0	96	VISU
SURF	13+1/2	9+5/8	36	16	829	350	0	829	VISU
1ST	8+3/4	7	26	16	7,027	701	1,140	7,027	CBL
1ST LINER	6+1/8	4+1/2	11.6	6936	11,847				

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	992				
PARKMAN	3,523				
SUSSEX	4,308				
SHANNON	4,879				
NIOBRARA	6,608				

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			
400880397	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400880398	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			
400880384	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880385	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880387	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880388	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880390	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880392	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880399	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880417	PDF-RESISTIVITY	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)