

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:

400889972

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 05-123-40917-00

County: WELD

Well Name: Aggie State

Well Number: AA17-645

Location: QtrQtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 2195 feet Direction: FNL Distance: 424 feet Direction: FWL

As Drilled Latitude: 40.487720 As Drilled Longitude: -104.468810

GPS Data:

Date of Measurement: 02/09/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2306 feet. Direction: FSL Dist.: 775 feet. Direction: FWL

Sec: 17 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2310 feet. Direction: FSL Dist.: 50 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/27/2015 Date TD: 03/31/2015 Date Casing Set or D&A: 04/01/2015

Rig Release Date: 04/01/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11705 TVD** 6646 Plug Back Total Depth MD 11693 TVD** 6646

Elevations GR 4661 KB 4685 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/ Gamma, No Mud logs run. No resistivity log run do to existing offset well; Colt A 13-655, API# 123-40908. Note: The last survey was taken at 10,743' Projection off our last survey @ 11,705' MD is that we're 243.6' south of the already drilled Aggie State AA 17-643. Please see attached email.

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	17+1/2	16	75	24	126	80	0	126	VISU
SURF	13+1/2	9+5/8	36	24	928	365	0	928	VISU
1ST	8+3/4	7	26	24	7,077	593	420	7,077	CBL
1ST LINER	6+1/8	4+1/2	11.6	6967	11,695				

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	366				
PARKMAN	3,533				
SUSSEX	4,096				
SHANNON	4,867				
NIOBRARA	6,783				

Comment:

The last survey was taken at 10,743' Projection off our last survey @ 11,705' MD is that we're 243.6' south of the already drilled Aggie State AA 17-643. Please see attached email.

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 ?	
<u>Attachment Checklist</u>			
400889976	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400890220	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>			
400889979	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890224	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890228	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890230	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890231	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890232	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890234	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)