

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:

400897007

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 05-123-40641-00

County: WELD

Well Name: Christine

Well Number: LC27-755

Location: QtrQtr: NENW Section: 34 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1628 feet Direction: FWL

As Drilled Latitude: 40.712390 As Drilled Longitude: -103.967380

GPS Data:

Date of Measurement: 02/10/2015 PDOP Reading: 3.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 280 feet. Direction: FSL Dist.: 2282 feet. Direction: FWL

Sec: 27 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 332 feet. Direction: FNL Dist.: 2300 feet. Direction: FWL

Sec: 27 Twp: 9N Rng: 59W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/25/2015 Date TD: 04/30/2015 Date Casing Set or D&A: 05/01/2015

Rig Release Date: 05/02/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11425 TVD** 6019 Plug Back Total Depth MD 11408 TVD** 6019

Elevations GR 4827 KB 4857 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Gamma, no mud logs run. the designated resistivity log for this pad will be; Jessica LC 27-775, 123-40640

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	110	80	0	110	VISU
SURF	13+1/2	9+5/8	36	30	674		0	674	VISU
1ST	8+3/4	7	26	30	6,469	529	605	6,469	CBL
1ST LINER	6+1/8	4+1/2	11.6	6315	11,410				

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	450				
PARKMAN	3,371				
SUSSEX	4,099				
SHANNON	4,505				
NIOBRARA	6,046				

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 ROBERTSTitle: REGULATORY ANALYST

Date: _____

Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400897177	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400897108	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>			
400897096	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897101	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897102	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897106	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897110	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)