

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:

400753742

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 05-123-38151-00

County: WELD

Well Name: Storis

Well Number: E24-73HC

Location: QtrQtr: NENE Section: 24 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 1212 feet Direction: FEL

As Drilled Latitude: 40.477823 As Drilled Longitude: -104.606231

## GPS Data:

Date of Measurement: 03/22/2014 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Jonnson

\*\* If directional footage at Top of Prod. Zone Dist.: 824 feet. Direction: FNL Dist.: 1321 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 539 feet. Direction: FSL Dist.: 1294 feet. Direction: FEL

Sec: 24 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) 05/17/2014 Date TD: 05/22/2014 Date Casing Set or D&amp;A: 05/24/2014

Rig Release Date: 05/25/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11368 TVD\*\* 6982 Plug Back Total Depth MD 11342 TVD\*\* 6982

Elevations GR 4684 KB 4708 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/Mud/GR

## 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	42.05	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	804	399	0	804	VISU
1ST	8+3/4	7	26	0	7,288	616	95	7,288	CBL
1ST LINER	6+1/8	4+1/2	11.60	7194	11,353				

## 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	966				
PARKMAN	3,574				
SUSSEX	4,131				
SHANNON	4,884				
NIOBRARA	6,737				
FORT HAYS	7,207				
CODELL	7,357				

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 Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400753858	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400753860	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>		
1638250	MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400753838	CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400753842	MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400753848	MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400753864	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401164153	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401176399	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401176400	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)