

FORM
5

Rev
02/08

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:

400625552

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

1. OGCC Operator Number: 100322

4. Contact Name: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37764-00

6. County: WELD

7. Well Name: SANDAU

Well Number: K25-66-1HN

8. Location: QtrQtr: NWSW Section: 25 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 2332 feet Direction: FSL Distance: 318 feet Direction: FWL

As Drilled Latitude: 40.282145 As Drilled Longitude: -104.733763

GPS Data:

Date of Measurement: 01/15/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2326 feet. Direction: FNL Dist.: 731 feet. Direction: FWL

Sec: 25 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2223 feet. Direction: FNL Dist.: 82 feet. Direction: FEL

Sec: 25 Twp: 4N Rng: 66W

9. Field Name: HAMBERT

10. Field Number: 33530

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/17/2014 13. Date TD: 03/01/2014 14. Date Casing Set or D&A: 03/01/2014

15. Well Classification:

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

16. Total Depth MD 12230 TVD** 7177 17 Plug Back Total Depth MD 12214 TVD** 7177

18. Elevations GR 4780 KB 4796

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

USIT, MUD, GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	18	16	42	0	98	48	0	98	VISU
SURF	12+1/4	9+5/8	36	0	663	376	0	663	VISU
1ST	8+3/4	7	26	0	7,430	679	1,100	7,430	CALC
1ST LINER	6+1/8	4+1/2	11.6	7354	12,215	0			

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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,595		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,781		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,032		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,262		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,067		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS TAKEN ON CONDUCTOR

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400625580	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400625581	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>		
400625563	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625565	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625567	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625569	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625570	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625571	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625572	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625574	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400625582	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)