

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:

400718879

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: Kathleen Mills

Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38096-00

County: WELD

Well Name: EAGLE

Well Number: E14-65-1HN

Location: QtrQtr: NWSW Section: 14 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 2350 feet Direction: FSL Distance: 364 feet Direction: FWL

As Drilled Latitude: 40.485241 As Drilled Longitude: -104.638798

GPS Data:

Date of Measurement: 04/10/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2350 feet. Direction: FSL Dist.: 1167 feet. Direction: FWL

Sec: 14 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2317 feet. Direction: FSL Dist.: 784 feet. Direction: FWL

Sec: 13 Twp: 6N Rng: 65W

Field Name: GREELEY

Field Number: 32760

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/06/2014 Date TD: 06/12/2014 Date Casing Set or D&A: 06/13/2014

Rig Release Date: 07/14/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12381 TVD** 6947 Plug Back Total Depth MD 12365 TVD** 6947

Elevations GR 4718 KB 4748 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, 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	17	16	42.05	0	130	88	0	130	VISU
SURF	13+3/4	9+5/8	36	0	665	340	0	665	VISU
1ST	8+3/4	7	26	0	7,323	605	60	7,323	CALC
1ST LINER	6+1/8	4+1/2	11.6	7192	12,366	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:

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	1,072				
PARKMAN	3,639				
SUSSEX	4,175				
SHANNON	4,961				
TEEPEE BUTTES	6,004				
NIOBRARA	6,893				NBBR A 7098

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>		
400719186	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400719188	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>		
400719004	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719023	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719026	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719171	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719173	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719178	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719181	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719183	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400719189	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)