

**FORM
5**Rev
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:

400799446

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 05-123-39013-00

County: WELD

Well Name: MAHALO STATE

Well Number: AA09-75-1HNB

Location: QtrQtr: SWSE Section: 4 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 325 feet Direction: FSL Distance: 2378 feet Direction: FEL

As Drilled Latitude: 40.509490 As Drilled Longitude: -104.440720

GPS Data:

Date of Measurement: 11/26/2014 PDOP Reading: 4.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 573 feet. Direction: FNL Dist.: 2348 feet. Direction: FEL

Sec: 9 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 28 feet. Direction: FNL Dist.: 2345 feet. Direction: FEL

Sec: 16 Twp: 6N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: CO9056.6

Spud Date: (when the 1st bit hit the dirt) 01/23/2015 Date TD: 02/01/2015 Date Casing Set or D&A: 02/01/2015

Rig Release Date: 02/01/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11740 TVD** 6584 Plug Back Total Depth MD 11740 TVD** 6584

Elevations GR 4694 KB 4710 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, MWD

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	24	16	42.09	0	96	48	0	96	VISU
SURF	13+1/2	9+5/8	36	0	834	343	0	834	VISU
1ST	8+3/4	7	26	0	6,949	687	1,000	6,949	CBL
1ST LINER	6+1/8	4+1/2	11.6	6814	11,725				

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	995				
PARKMAN	3,525				
SUSSEX	4,290				
SHANNON	4,854				
TEEPEE BUTTES	5,784				
NIOBRARA	6,647				

Comment:

GPS TAKEN ON CONDUCTOR
WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN 2 YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

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>			
400799475	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400799476	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>			
400799477	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800219	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800220	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800223	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800229	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800233	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800236	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800237	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800240	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>

Total: 0 comment(s)