

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



DE ET OE ES

Document Number:

400524299

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-36660-00

6. County: WELD

7. Well Name: TIMBRO

Well Number: LC13-77-1HNX

8. Location: QtrQtr: NENW Section: 24 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FNL Distance: 1800 feet Direction: FWL

As Drilled Latitude: 40.742856 As Drilled Longitude: -103.929317

GPS Data:

Data of Measurement: 07/22/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: Brandy Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 852 feet. Direction: FSL Dist.: 1627 feet. Direction: FWL

Sec: 13 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 1670 feet. Direction: FNL Dist.: 1665 feet. Direction: FWL

Sec: 13 Twp: 9N Rng: 59W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/04/2013 13. Date TD: 05/06/2013 14. Date Casing Set or D&A: 05/17/2013

15. Well Classification:

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

16. Total Depth MD 10290 TVD\*\* 5961 17 Plug Back Total Depth MD 10273 TVD\*\* 5961

18. Elevations GR 4860 KB 4884

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:

CBL/Mud/Gamma

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+1/2	16+0/0	84.00	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	641	321	0	641	VISU
1ST	8+3/4	7+0/0	26.00	0	6,369	535	860	6,369	CALC
1ST LINER	6+1/8	4+1/2	11.60	6262	10,275	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	2,471		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,381		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,819		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,497		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,161		<input type="checkbox"/>	<input type="checkbox"/>	

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 ?
<b><u>Attachment Checklist</u></b>		
400524749	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400524750	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"/>
<b><u>Other Attachments</u></b>		
400524713	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524721	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524725	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524728	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524735	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524740	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524741	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524742	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400524754	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)