

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:
400781991

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: <u>100322</u>	Contact Name: <u>Kathleen Mills</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number: <u>05-123-39549-00</u>	County: <u>WELD</u>
Well Name: <u>Heartland State</u>	Well Number: <u>G36-75-1HN</u>
Location: QtrQtr: <u>SESE</u> Section: <u>25</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>282</u> feet Direction: <u>FSL</u>	Distance: <u>807</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>40.276748</u>	As Drilled Longitude: <u>-104.605250</u>

GPS Data:
Date of Measurement: 10/21/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 604 feet. Direction: FNL Dist.: 2309 feet. Direction: FEL
Sec: 36 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 62 feet. Direction: FSL Dist.: 2240 feet. Direction: FEL
Sec: 36 Twp: 4N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 70/7902-S

Spud Date: (when the 1st bit hit the dirt) 07/26/2014 Date TD: 08/02/2014 Date Casing Set or D&A: 08/03/2014
Rig Release Date: 10/04/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12323 TVD** 6986 Plug Back Total Depth MD 12323 TVD** 6986

Elevations GR 4834 KB 4850 **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	24	16	42	0	96	48	0	96	VISU
SURF	13+3/4	9+5/8	36	0	734	384	0	734	VISU
1ST	8+3/4	7	26	0	7,583	664	330	7,583	CBL
1ST LINER	6+1/8	4+1/2	11.6	7426	12,308				

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	1,082				
PARKMAN	3,921				
SUSSEX	4,279				
SHANNON	5,104				
TEEPEE BUTTES	6,215				
NIOBRARA	7,091				

Comment:

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 ?	
Attachment Checklist			
400782014	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400782015	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"/>
Other Attachments			
400782004	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782005	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782006	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782007	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782009	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782010	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782011	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782013	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782017	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)