

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:

400865476

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-39817-00

County: WELD

Well Name: Upchurch State

Well Number: LD02-77-1BHN

Location: QtrQtr: SESW Section: 2 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 615 feet Direction: FSL Distance: 1567 feet Direction: FWL

As Drilled Latitude: 40.774980 As Drilled Longitude: -103.835350

GPS Data:

Date of Measurement: 10/31/2014 PDOP Reading: 3.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1302 feet. Direction: FSL Dist.: 1769 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 330 feet. Direction: FNL Dist.: 1760 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 58W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/28/2014 Date TD: 01/02/2015 Date Casing Set or D&A: 01/03/2015

Rig Release Date: 01/04/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9688 TVD** 5715 Plug Back Total Depth MD 9644 TVD** 5715

Elevations GR 4742 KB 4772 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma. The designated log on this pad will be; Upchurch State LD 2-77-1BHN

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	26	16	42.9	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	1,172	498	0	1,172	VISU
1ST	8+3/4	9+5/8	26	30	6,020	459	935	6,020	CBL
1ST LINER	6+1/8	4+1/2	11.6	5881	9,688	360	5,881	9,688	

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	2,411				
PARKMAN	3,300				
SUSSEX	3,914				
SHANNON	4,350				
NIOBRARA	5,703				

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 ANALYST Date: _____ Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400866906	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400866905	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>			
400866907	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866909	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866911	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866912	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866913	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866914	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867456	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875573	PDF-NEUTRON	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)