

**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:  
400867134

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>EILEEN ROBERTS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4330</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>05-123-39875-00</u>	County: <u>WELD</u>
Well Name: <u>Tripucka State</u>	Well Number: <u>LD02-75-1BHN</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>2</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>615</u> feet Direction: <u>FSL</u> Distance: <u>1991</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.775010</u> As Drilled Longitude: <u>-103.828860</u>	

GPS Data:  
Date of Measurement: 11/26/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1326 feet. Direction: FSL Dist.: 2200 feet. Direction: FEL  
Sec: 2 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 330 feet. Direction: FNL Dist.: 2200 feet. Direction: FEL  
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) 01/08/2015 Date TD: 01/12/2015 Date Casing Set or D&A: 01/12/2015  
Rig Release Date: 01/13/2015 Per Rule 308A.b.

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

Total Depth MD 9577 TVD\*\* 5521 Plug Back Total Depth MD 9555 TVD\*\* 5521

Elevations GR 4676 KB 4706 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/Mud/Gamma. The designated resistivity log for this pad will be; Tripucka State LD 2-74-1AHN

**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	42.09	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	1,233	503	0	1,233	VISU
1ST	8+3/4	7	26	30	5,939	431	1,250	5,939	CBL
1ST LINER	6+1/8	4+1/2	11.6	5782	9,567				

### 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	2,360				
PARKMAN	3,226				
SUSSEX	3,836				
SHANNON	4,254				
NIOBRARA	5,687				

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 ?	
<b>Attachment Checklist</b>			
400877750	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400867182	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>Other Attachments</b>			
400867173	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867175	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867176	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867177	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867178	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867179	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867189	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400879196	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)