

**DRILLING COMPLETION REPORT**

Document Number:  
400894398

Date Received:

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 05-123-40642-00 County: WELD  
 Well Name: Jessica Well Number: LC27-785  
 Location: QtrQtr: NWNW Section: 34 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1130 feet Direction: FWL  
 As Drilled Latitude: 40.712360 As Drilled Longitude: -103.969170

GPS Data:  
 Date of Measurement: 03/05/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 136 feet. Direction: FSL Dist.: 351 feet. Direction: FWL  
 Sec: 27 Twp: 9N Rng: 59W  
 \*\* If directional footage at Bottom Hole Dist.: 334 feet. Direction: FNL Dist.: 320 feet. Direction: FWL  
 Sec: 27 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 04/03/2015 Date TD: 04/08/2015 Date Casing Set or D&A: 04/09/2015  
 Rig Release Date: 04/10/2015 Per Rule 308A.b.

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

Total Depth MD 11520 TVD\*\* 6056 Plug Back Total Depth MD 11503 TVD\*\* 6056  
 Elevations GR 4829 KB 4859 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/Gamma, no mud logs run. The designated resistivity log on this pad will be; Jessica LC 27-775, 123-40640

**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	42.05	30	110	80	0	110	VISU
SURF	13+1/2	9+5/8	36	30	624	278	0	624	VISU
1ST	8+3/4	7	26	30	6,518	463	2,065	6,518	CBL
1ST LINER	6+1/8	4+1/2	11.6	6365	11,505				

## 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	407				
PARKMAN	3,377				
SUSSEX	4,117				
SHANNON	4,532				
NIOBRARA	6,077				

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>			
400894984	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400894446	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>			
400894447	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896377	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896381	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896383	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896385	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)