

**FORM
5**Rev
10/14**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

400910073

Date Received:

10/06/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: eileen.roberts@nblenergy.com

API Number 05-123-40682-00 County: WELD
Well Name: Kevin Well Number: LC26-728
Location: QtrQtr: SWSE Section: 26 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 460 feet Direction: FSL Distance: 1656 feet Direction: FEL
As Drilled Latitude: 40.715620 As Drilled Longitude: -103.941450

GPS Data:

Date of Measurement: 03/31/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist: 851 feet Direction: FSL Dist: 1232 feet Direction: FEL
Sec: 26 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist: 330 feet Direction: FNL Dist: 1210 feet Direction: FEL
Sec: 26 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) 04/08/2015 Date TD: 04/14/2015 Date Casing Set or D&A: 04/15/2015
Rig Release Date: 04/16/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 10777 TVD** 5982 Plug Back Total Depth MD 10760 TVD** 5982Elevations GR 4851 KB 4881 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma, The designated resistivity log on this pad will be; Kevin LC 26-735, 123-40681**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	110	80	0	110	VISU
SURF	13+1/2	9+5/8	40	30	672	306	0	672	VISU
1ST	8+3/4	7	26	30	6,479	807	500	6,479	CBL
1ST LINER	6+1/8	4+1/2	11.6	6367	10,762				

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	492				
PARKMAN	3,343				
SUSSEX	4,063				
SHANNON	4,481				
NIOBRARA	6,063				

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: EILEEN ROBERTSTitle: REGULATORY ANALYST Date: 10/6/2015 Email: eileen.roberts@nblenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400910132	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400910133	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

400910136	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912235	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912246	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912247	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912248	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)