

Document Number:
400935246

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: Julie Webb
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223
 Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-41529-00 County: WELD
 Well Name: 70 Ranch State Well Number: BB18-681
 Location: QtrQtr: NENE Section: 17 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 293 feet Direction: FNL Distance: 600 feet Direction: FEL
 As Drilled Latitude: 40.405140 As Drilled Longitude: -104.453610

GPS Data:
 Date of Measurement: 07/07/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 274 feet. Direction: FNL Dist.: 974 feet. Direction: FEL
 Sec: 17 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 380 feet. Direction: FNL Dist.: 535 feet. Direction: FWL
 Sec: 18 Twp: 5N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/23/2015 Date TD: 08/01/2015 Date Casing Set or D&A: 07/27/2015
 Rig Release Date: 08/03/2015 Per Rule 308A.b.

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

Total Depth MD 16023 TVD** 6796 Plug Back Total Depth MD 15289 TVD** 6789
 Elevations GR 4699 KB 4723 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL,GR, Mud- No Open hole resistivity log

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		0	104	80	0	104	VISU
SURF	13+3/4	9+5/8		0	770	330	0	770	VISU
1ST	8+3/4	7		0	7,057	586		7,057	CBL
1ST LINER	6+1/8	4+1/2		6183	16,023				

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	
PARKMAN	3,585				
SUSSEX	4,344				
SHANNON	4,825				
NIOBRARA	6,515				

Comment:

GPS was surveyed after conductor was set.
Rig Release date for the well

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

Signed: _____

Print Name: Julie Webb

Title: Regulatory Analyst

Date: _____

Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400935283	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400935288	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			
400935285	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935289	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935291	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935294	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935295	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935296	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400935301	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)