

Document Number:  
400989351

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 05-123-40618-00 County: WELD  
 Well Name: MOSER Well Number: H34-750  
 Location: QtrQtr: SESW Section: 22 Township: 3N Range: 65W Meridian: 6  
 Footage at surface: Distance: 400 feet Direction: FSL Distance: 2221 feet Direction: FWL  
 As Drilled Latitude: 40.204760 As Drilled Longitude: -104.651330

GPS Data:  
 Date of Measurement: 08/18/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 630 feet. Direction: FNL Dist.: 1199 feet. Direction: FEL  
 Sec: 27 Twp: 3N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 539 feet. Direction: FSL Dist.: 2528 feet. Direction: FWL  
 Sec: 34 Twp: 3N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 10/11/2015 Date TD: 10/17/2015 Date Casing Set or D&A: 10/18/2015  
 Rig Release Date: 11/09/2016 Per Rule 308A.b.

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

Total Depth MD 16800 TVD\*\* 6967 Plug Back Total Depth MD 16737 TVD\*\* 6967

Elevations GR 4810 KB 4840 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, Restivity was ran on Moser H34-757

**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	0	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	0	1,879	635	0	1,879	VISU
1ST LINER	8+1/2	5+1/2	20	0	16,800	2,123	244	5,670	CBL

## 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	3,879				
SUSSEX	4,448				
SHANNON	5,082				
NIOBRARA	7,028				

Comment:

As build GPS was surveyed after conductor was set.

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 ?	
<b>Attachment Checklist</b>			
400989355	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401017437	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>			
401017415	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401017419	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401017424	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401017431	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401017443	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)