

**DRILLING COMPLETION REPORT**

Document Number:  
400990245

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: 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 05-123-40884-00 County: WELD  
 Well Name: Moser Well Number: H22-735  
 Location: QtrQtr: NWNE Section: 27 Township: 3N Range: 65W Meridian: 6  
 Footage at surface: Distance: 345 feet Direction: FNL Distance: 1913 feet Direction: FEL  
 As Drilled Latitude: 40.202700 As Drilled Longitude: -104.647090

GPS Data:  
 Date of Measurement: 08/18/2015 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 569 feet. Direction: FSL Dist.: 1661 feet. Direction: FEL  
 Sec: 27 Twp: 3N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 2280 feet. Direction: FSL Dist.: 1690 feet. Direction: FEL  
 Sec: 15 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) 12/10/2015 Date TD: 12/14/2015 Date Casing Set or D&A: 12/15/2015  
 Rig Release Date: 12/25/2015 Per Rule 308A.b.

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

Total Depth MD 14162 TVD\*\* 6977 Plug Back Total Depth MD 14147 TVD\*\* 6977

Elevations GR 4811 KB 4841 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD, GR, Restivity log was ran on Moser H34-748

**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	1,850	625	0	1,850	VISU
1ST	8+1/2	5+1/2	20	0	14,162				CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/15/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,369	677	1,195	7,369

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	608				
PARKMAN	3,799				
SUSSEX	4,376				
SHANNON	5,024				
NIOBRARA	7,025				

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>			
401018034	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401018033	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>			
401017999	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018007	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018012	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018014	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018016	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018028	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018029	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018030	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018037	DIRECTIONAL DATA	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)