

**FORM**  
**5**  
Rev  
09/14

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
401020944

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 05-123-40602-00 County: WELD  
 Well Name: Remora Well Number: LC34-725  
 Location: QtrQtr: NENE Section: 34 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 810 feet Direction: FNL Distance: 785 feet Direction: FEL  
 As Drilled Latitude: 40.712060 As Drilled Longitude: -103.957080

GPS Data:  
 Date of Measurement: 09/23/2015 PDOP Reading: 2.9 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1132 feet. Direction: FNL Dist.: 981 feet. Direction: FEL  
 Sec: 34 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 315 feet. Direction: FSL Dist.: 934 feet. Direction: FEL  
 Sec: 34 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) 01/17/2016 Date TD: 01/22/2016 Date Casing Set or D&A: 01/20/2016  
 Rig Release Date: 02/07/2016 Per Rule 308A.b.

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

Total Depth MD 10288 TVD\*\* 6015 Plug Back Total Depth MD 10276 TVD\*\* 6015

Elevations GR 4814 KB 4838 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, Neutron log was ran on Remora LC34-715 (123-40592)

**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	104	80	0	104	CALC
SURF	13+1/2	9+5/8	36	0	642	273	0	632	VISU
1ST	8+3/4	7	26	0	6,400	473	590	6,390	CBL
1ST LINER	6+1/8	4+1/2	11.6	6400	10,288				

### 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	1,422				
PARKMAN	3,327				
SUSSEX	4,075				
SHANNON	4,412				
TEEPEE BUTTES	5,233				
NIOBRARA	5,982				

Comment:

As built 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>			
401021189	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401021187	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>			
401021171	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021176	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021183	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021186	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021192	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)