

FORM  
5Rev  
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



DE ET OE ES

Document Number:

401021223

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 05-123-40591-00

County: WELD

Well Name: Remora

Well Number: LC34-735

Location: QtrQtr: NWNE Section: 34 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 810 feet Direction: FNL Distance: 1512 feet Direction: FEL

As Drilled Latitude: 40.712050 As Drilled Longitude: -103.959700

## GPS Data:

Date of Measurement: 09/23/2015 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1200 feet. Direction: FNL Dist.: 1713 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 307 feet. Direction: FSL Dist.: 1594 feet. Direction: FEL

Sec: 34 Twp: 9N Rng: 1713

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/26/2016 Date TD: 01/30/2016 Date Casing Set or D&amp;A: 01/28/2016

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 10076 TVD\*\* 5914 Plug Back Total Depth MD 10064 TVD\*\* 5914

Elevations GR 4816 KB 4840

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, GR, Neutron log 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	618	260	0	609	VISU
1ST	8+3/4	7	26	0	6,280	464	260	6,271	CALC
1ST LINER	6+1/8	4+1/2	11.6	6280	10,076				

## 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	3,333				
SUSSEX	4,162				
SHANNON	4,470				
TEEPEE BUTTES	5,245				
NIOBRARA	6,049				

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 ?			
<u>Attachment Checklist</u>					
401021617	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401021284	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"/>
<u>Other Attachments</u>					
401021268	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401021273	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401021274	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401021275	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401021287	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)