

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:

400990379

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 05-123-40881-00

County: WELD

Well Name: Moser

Well Number: H22-748

Location: QtrQtr: NWNE Section: 27 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 345 feet Direction: FNL Distance: 1958 feet Direction: FEL

As Drilled Latitude: 40.202700 As Drilled Longitude: -104.647250

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 924 feet. Direction: FNL Dist.: 2455 feet. Direction: FEL

Sec: 22 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 493 feet. Direction: FSL Dist.: 2508 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) 11/30/2015 Date TD: 12/03/2015 Date Casing Set or D&A: 12/04/2015

Rig Release Date: 12/26/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 12401 TVD** 6973 Plug Back Total Depth MD 12389 TVD** 6973

Elevations GR 4811 KB 4841

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

List Electric Logs Run:

CBL, GR, Resistivity 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	1,876	625	0	1,866	VISU
1ST	8+1/2	5+1/2	20	0	12,401				CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,246	675	1,255	7,246

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	613				
PARKMAN	3,806				
SUSSEX	4,384				
SHANNON	5,056				
NIOBRARA	7,048				

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 ?
<u>Attachment Checklist</u>		
401023996	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401023989	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>		
401023979	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401023985	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401023987	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401023988	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401023997	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)