

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



Document Number:

400865476

Date Received:

07/28/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: EILEEN ROBERTS
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

API Number 05-123-39817-00 County: WELD
 Well Name: Upchurch State Well Number: LD02-77-1BHN
 Location: QtrQtr: SESW Section: 2 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 615 feet Direction: FSL Distance: 1567 feet Direction: FWL
 As Drilled Latitude: 40.774980 As Drilled Longitude: -103.835350

GPS Data:

Date of Measurement: 10/31/2014 PDOP Reading: 3.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1302 feet Direction: FSL Dist.: 1769 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 340 feet Direction: FNL Dist.: 1636 feet. Direction: FWL

Sec: 2 Twp: 9N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/28/2014 Date TD: 01/02/2015 Date Casing Set or D&A: 01/03/2015
 Rig Release Date: 01/04/2015 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 9688 TVD** 5715 Plug Back Total Depth MD 9644 TVD** 5715

Elevations GR 4742 KB 4772 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CBL/Mud/Gamma, CNL

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	42.9	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	1,172	498	0	1,172	VISU
1ST	8+3/4	7	26	30	6,020	459	935	6,020	CBL
1ST LINER	6+1/8	4+1/2	11.6	5881	9,688	360	5,881	9,688	

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	2,411				
PARKMAN	3,300				
SUSSEX	3,914				
SHANNON	4,350				
NIOBRARA	5,703				

Operator Comments

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: EILEEN ROBERTS

Title: REGULATORY ANALYST

Date: 7/28/2015

Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2157981	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400866905	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>			
400865476	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866907	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866909	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866911	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866912	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866913	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866914	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400867456	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875573	NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Req'd review of BHL footages. Oper. revised BHL footages. Req'd liner cement summary. Liner summary attached.	5/10/2016 9:27:13 AM
Permit	Req'd review of BHL footages (I calculate 340'FNL and 1636 FWL.) Corrected size of intermediate casing.	4/17/2016 2:59:11 PM
Engineering Tech	Neutron .las received via sundry 401025365.	4/15/2016 9:04:46 AM
Permit	Req'd Form 4 to upload LAS version of the CNL.	3/15/2016 12:55:20 PM

Total: 4 comment(s)