

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.

Document Number:
401108173

Date Received:

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 05-123-40815-00 County: WELD

Well Name: HESTON Well Number: LD06-630

Location: QtrQtr: SESE Section: 5 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 952 feet Direction: FSL Distance: 330 feet Direction: FEL

As Drilled Latitude: 40.775750 As Drilled Longitude: -103.880200

GPS Data:
Date of Measurement: 05/23/2016 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1529 feet. Direction: FSL Dist.: 433 feet. Direction: FEL
Sec: 5 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1539 feet. Direction: FSL Dist.: 348 feet. Direction: FWL
Sec: 6 Twp: 9N Rng: 58W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/12/2016 Date TD: 06/18/2016 Date Casing Set or D&A: 06/19/2016

Rig Release Date: 07/18/2016 Per Rule 308A.b.

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

Total Depth MD 16240 TVD** 5813 Plug Back Total Depth MD 16185 TVD** 5813

Elevations GR 4802 KB 4832 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL,GR, Resistivity

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	64	0	104	VISU
SURF	13+1/2	9+5/8	36	0	1,914	735	0	1,914	VISU
1ST	8+1/2	5+1/2	20	0	16,228	2,081	1,730	16,228	CBL

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	662				
PARKMAN	3,387				
SUSSEX	4,016				
SHANNON	4,469				
NIOBRARA	5,907				

Comment:

As built GPS was surveyed after conductor was set on 5/13/2016.
No Mud logs ran. Open hole log was ran on Heston LD06-630.

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 ?	
Attachment Checklist			
401108207	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401108201	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"/>
Other Attachments			
401108190	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401108191	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401108197	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401108199	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401108203	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110831	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110833	PDF-RESISTIVITY	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)