

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:
401144284

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 05-123-43293-00 County: WELD
 Well Name: Harper Well Number: LD21-655
 Location: QtrQtr: SWNW Section: 22 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 1821 feet Direction: FNL Distance: 330 feet Direction: FWL
 As Drilled Latitude: 40.739053 As Drilled Longitude: -103.858366

GPS Data:
 Date of Measurement: 08/17/2016 PDOP Reading: 1.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2286 feet. Direction: FNL Dist.: 344 feet. Direction: FEL
 Sec: 21 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 2325 feet. Direction: FNL Dist.: 331 feet. Direction: FWL
 Sec: 21 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) 08/29/2016 Date TD: 09/01/2016 Date Casing Set or D&A: 09/02/2016
 Rig Release Date: 09/14/2016 Per Rule 308A.b.

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

Total Depth MD 10828 TVD** 5787 Plug Back Total Depth MD 10769 TVD** 5788

Elevations GR 4777 KB 4807 **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	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,934	741	0	1,934	VISU
1ST	8+1/2	4+1/2	20	0	10,813	1,380	1,590	10,813	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	
PARKMAN	3,275				
SUSSEX	3,898				
SHANNON	4,363				
TEEPEE BUTTES	5,044				
NIOBRARA	5,737				

Comment:

As built GPS was surveyed after conductor was set on 8/2/2016.
No mud logs ran. Resistivity and GR were ran as one log, attached as resistivity.

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: Senior Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	Yes	No	attached ?
Attachment Checklist				
401144307	CMT Summary *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Core Analysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
401150106	Directional Survey **	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DST Analysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Logs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Attachments				
401149507	PDF-CEMENT BOND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
401149512	PDF-RESISTIVITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
401149513	LAS-RESISTIVITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
401150115	DIRECTIONAL DATA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)