

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:
401144399

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 05-123-43291-00 County: WELD

Well Name: Harper Well Number: LD21-668

Location: QtrQtr: SWNW Section: 22 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 1746 feet Direction: FNL Distance: 330 feet Direction: FWL

As Drilled Latitude: 40.739154 As Drilled Longitude: -103.858366

GPS Data:
Date of Measurement: 08/17/2016 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1440 feet. Direction: FNL Dist.: 404 feet. Direction: FEL
Sec: 21 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1452 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) 09/07/2016 Date TD: 09/09/2016 Date Casing Set or D&A: 09/10/2016

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 10798 TVD** 5756 Plug Back Total Depth MD 10739 TVD** 5756

Elevations GR 4776 KB 4806 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, (Resistivity in 123-43293)

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	1,928	742	0	1,928	VISU
1ST	8+1/2	5+1/2	20	0	10,798	1,371	1,725	10,798	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	3,291				
SUSSEX	3,904				
SHANNON	4,365				
TEEPEE BUTTES	5,055				
NIOBRARA	5,698				

Comment:

As drilled GPS was surveyed after conductor was set on 8/1/2016.
No Mud logs ran.

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	attached ?	
Attachment Checklist			
401144444	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401149568	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			
401149562	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149564	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149565	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149566	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149571	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)