

FORM
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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



Document Number:

400766585

Date Received:

01/08/2015

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) 2284330
Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

API Number 05-123-38620-00 County: WELD
Well Name: TRISHA Well Number: LC29-73HNB
Location: QtrQtr: SESE Section: 29 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 440 feet Direction: FSL Distance: 1030 feet Direction: FEL
As Drilled Latitude: 40.715247 As Drilled Longitude: -103.996132

GPS Data:
Date of Measurement: 08/25/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 859 feet Direction: FSL Dist.: 1324 feet Direction: FEL
Sec: 29 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 675 feet Direction: FNL Dist.: 1347 feet Direction: FEL
Sec: 20 Twp: 9N Rng: 59W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/25/2014 Date TD: 06/06/2014 Date Casing Set or D&A: 06/09/2014
Rig Release Date: 06/10/2014 Per Rule 308A.b.

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

Total Depth MD 15628 TVD** 6121 Plug Back Total Depth MD 15613 TVD** 6121

Elevations GR 4867 KB 4897 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL/Mud/Gamma

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+3/4	9+5/8	36	0	629	313	0	629	VISU
1ST	8+3/4	7	26	0	6,406	536	975	6,406	CBL
1ST LINER	6+1/8	4+1/2	11.60	6346	15,613				

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	2,562				
PARKMAN	3,437				
SUSSEX	4,115				
SHANNON	4,544				
NIOBRARA	6,076				

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 I Date: 1/8/2015 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400766824	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400766827	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>			
400766585	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766776	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766788	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766804	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766811	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766817	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766819	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400766855	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator submitted GR log .pdf. Note that header line on GR logs show incorrect well name, but this log is the correct log, as shown in sub-header information.	10/21/2016
Permit	Missing GR .pdf log (MD scale).	10/12/2016

Total: 2 comment(s)