

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401189638

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 05-123-43493-00 County: WELD
 Well Name: Bennett Well Number: LD19-758
 Location: QtrQtr: SESW Section: 19 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 380 feet Direction: FSL Distance: 1435 feet Direction: FWL
 As Drilled Latitude: 40.730203 As Drilled Longitude: -103.911432

GPS Data:
 Date of Measurement: 10/24/2016 PDOP Reading: 3.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 295 feet. Direction: FSL Dist.: 2112 feet. Direction: FWL
 Sec: 19 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 140 feet. Direction: FNL Dist.: 2091 feet. Direction: FWL
 Sec: 19 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) 10/29/2016 Date TD: 10/31/2016 Date Casing Set or D&A: 11/01/2016
 Rig Release Date: 11/22/2016 Per Rule 308A.b.

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

Total Depth MD 10963 TVD** 5903 Plug Back Total Depth MD 10864 TVD** 5903

Elevations GR 4847 KB 4877 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR (DIL in 123-43494)

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	1,927	668	0	1,927	VISU
1ST	8+1/2	5+1/2	20	0	10,912	1,321	1,684	10,912	CALC

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	542				
PARKMAN	3,415				
SUSSEX	4,099				
SHANNON	4,531				
TEEPEE BUTTES	5,197				
SHARON SPRINGS	5,898				
NIOBRARA	5,946				

Comment:

As drilled GPS was surveyed after conductor was set on 10/12/2016.
No Open hole logs were run per rule 317.p exception. Resistivity log ran on Bennett LD19-777.
TPZ is estimated, actual TPZ will be submitted on the form 5A.

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			
401189673	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401189666	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			
401189659	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401189661	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401189663	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401189664	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401189670	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)