

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



Document Number:

400894398

Date Received:

09/08/2015

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) 228-4330  
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

API Number 05-123-40642-00 County: WELD  
Well Name: Jessica Well Number: LC27-785  
Location: QtrQtr: NWNW Section: 34 Township: 9N Range: 59W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 1130 feet Direction: FWL  
As Drilled Latitude: 40.712360 As Drilled Longitude: -103.969170

GPS Data:  
Date of Measurement: 03/05/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 136 feet Direction: FSL Dist.: 351 feet. Direction: FWL  
Sec: 27 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 334 feet Direction: FNL Dist.: 320 feet. Direction: FWL  
Sec: 27 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/03/2015 Date TD: 04/08/2015 Date Casing Set or D&A: 04/09/2015  
Rig Release Date: 04/10/2015 Per Rule 308A.b.

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

Total Depth MD 11520 TVD\*\* 6056 Plug Back Total Depth MD 11503 TVD\*\* 6056

Elevations GR 4829 KB 4859 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, MWD/LWD, (IND on 123-40640)

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	42.05	0	110	80	0	110	VISU
SURF	13+1/2	9+5/8	36	0	624	278	0	624	VISU
1ST	8+3/4	7	26	0	6,518	463	2,065	6,518	CBL
1ST LINER	6+1/8	4+1/2	11.6	6365	11,505				

**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	407				
PARKMAN	3,377				
SUSSEX	4,117				
SHANNON	4,532				
NIOBRARA	6,077				

**Operator Comments**

No mud logs were run on this well.  
No open-hole logs were run on this well.  
The designated Induction log on this pad will be the Jessica LC 27-775 (05-123-40640).

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 Date: 9/8/2015 Email: eileen.roberts@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400894984	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400894446	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"/>
<b>Other Attachments</b>			
400894398	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400894447	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896377	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896381	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896383	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896385	PDF-MWD/LWD	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)