

FORM
5Rev
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:

401402216

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: Logan Boughal

Name of Operator: NOBLE ENERGY INC

Phone: (832) 6397447

Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

API Number 05-123-42805-00

County: WELD

Well Name: Freedom Federal

Well Number: LC21-635

Location: QtrQtr: NWSW Section: 22 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 1625 feet Direction: FSL Distance: 400 feet Direction: FWL

As Drilled Latitude: 40.733337 As Drilled Longitude: -103.972073

GPS Data:

Date of Measurement: 06/01/2017 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2042 feet. Direction: FSL Dist.: 332 feet. Direction: FEL

Sec: 21 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 2086 feet. Direction: FSL Dist.: 330 feet. Direction: FWL

Sec: 21 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) 07/16/2017 Date TD: 07/19/2017 Date Casing Set or D&A: 07/20/2017

Rig Release Date: 07/24/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11147 TVD** 6109 Plug Back Total Depth MD 11097 TVD** 6109

Elevations GR 4883 KB 4913 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, GR, (DIL in 123-42803)

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	VISU
SURF	13+1/2	9+5/8	36	0	1,930	679	0	1,930	VISU
1ST	8+1/2	5+1/2	20	0	11,140	1,157	2,312	11,140	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	3,364				
SUSSEX	4,002				
SHANNON	4,535				
TEEPEE BUTTES	5,320				
NIOBRARA	6,072				

Comment:

As drilled GPS was surveyed after conductor was set on 5/18/2017.
No open hole logs were ran per rule 317.p. Resistivity log ran on Freedom Federal LC21-630.
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: Logan Boughal

Title: Regulatory Analyst II Date: _____ Email: Logan.boughal@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401402335	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401402315	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>			
401402299	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401402310	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401402311	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401402313	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401402317	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)