

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



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Document Number:
401227335

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 05-123-42940-00 County: WELD
 Well Name: Earp Federal Well Number: LC23-745
 Location: QtrQtr: SWSE Section: 11 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 363 feet Direction: FSL Distance: 2360 feet Direction: FEL
 As Drilled Latitude: 40.759228 As Drilled Longitude: -103.944404

GPS Data:
 Date of Measurement: 12/06/2016 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 270 feet. Direction: FSL Dist.: 2112 feet. Direction: FEL
 Sec: 11 Twp: 9N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 878 feet. Direction: FSL Dist.: 2081 feet. Direction: FEL
 Sec: 23 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) 01/03/2017 Date TD: 01/07/2017 Date Casing Set or D&A: 01/09/2017
 Rig Release Date: 01/09/2017 Per Rule 308A.b.

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

Total Depth MD 16478 TVD** 6011 Plug Back Total Depth MD 16422 TVD** 6011

Elevations GR 4945 KB 4975 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, (DIL in 123-42947)

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	1,932	667	0	1,932	VISU
1ST	8+1/2	5+1/2	20	0	16,465	1,865	1,557	16,465	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	3,531				
SUSSEX	4,120				
SHANNON	4,947				
TEEPEE BUTTES	5,432				
NIOBRARA	6,231				

Comment:

As drilled GPS was suveyed after conductor was set on 11/28/2016.
No Mud logs ran. Resistivity log was ran on Ringo Federal LC23-725 (123-42947)
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 ?	
Attachment Checklist			
401227394	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401227382	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			
401227367	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401227372	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401227375	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401227379	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401227392	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)