

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



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Document Number:

401600321

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 05-123-45551-00

County: WELD

Well Name: Larson

Well Number: A23-627

Location: QtrQtr: SESE Section: 24 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1260 feet Direction: FSL Distance: 275 feet Direction: FEL

As Drilled Latitude: 40.468226 As Drilled Longitude: -104.489766

GPS Data:

Date of Measurement: 03/28/2018 PDOP Reading: 3.8 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 1150 feet. Direction: FSL Dist.: 335 feet. Direction: FEL

Sec: 24 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1150 feet. Direction: FSL Dist.: 0 feet. Direction: FWL

Sec: 23 Twp: 6N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/13/2018 Date TD: 04/17/2018 Date Casing Set or D&A: 04/18/2018

Rig Release Date: 05/20/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17330 TVD** 6746 Plug Back Total Depth MD 17330 TVD** 6746

Elevations GR 4646 KB 4676

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

gamma and cbl

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	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,956	694	0	1,956	VISU
1ST	8+1/2	5+1/2	20	0	17,312	1,806	1,614	17,312	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	
FOX HILLS	279				
PIERRE	438	1,495			
PARKMAN	3,537				
SUSSEX	4,257				
SHANNON	4,768				
TEEPEE BUTTES	5,446				
SHARON SPRINGS	6,517				
NIOBRARA	6,555				

Comment:

TPZ IS AN ESTIMATE, AND AN ACCURATE TPZ WILL BE RECORDED ON THE 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>			
401672977	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
401784547	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401784549	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401784550	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401784551	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401784553	PDF-GAMMA RAY	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)