

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:

401767905

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 05-123-45516-00

County: WELD

Well Name: Larson

Well Number: A23-656

Location: QtrQtr: SWNW Section: 19 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 2352 feet Direction: FNL Distance: 535 feet Direction: FWL

As Drilled Latitude: 40.472617 As Drilled Longitude: -104.486861

GPS Data:

Date of Measurement: 03/28/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2250 feet. Direction: FNL Dist.: 415 feet. Direction: FWL

Sec: 19 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2255 feet. Direction: FNL 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) 05/17/2018 Date TD: 05/21/2018 Date Casing Set or D&A: 05/23/2018

Rig Release Date: 05/31/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18030 TVD** 6684 Plug Back Total Depth MD 18015 TVD** 6684

Elevations GR 4649 KB 4679

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

List Electric Logs Run:

CBL, GAMMA.

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	1,951	656	0	1,951	VISU
1ST	8+1/2	5+1/2	20	0	18,013	1,887	1,961	18,013	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	284				
PIERRE	445	1,509			
PARKMAN	3,528	3,940			
SUSSEX	4,083	4,473			
SHANNON	4,828	5,068			
TEEPEE BUTTES	5,782				
NIOBRARA	6,579				

Comment:

TPZ IS ESTIAMTED, ACTUAL TPZ WILL BE REPORTED ON FORM 5A POST COMPLETION.

NEUTRON LOG RUN ON LARSON A23-645 (05-123-45515)

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: REGUALTORY ANALYST II

Date: _____

Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401786927	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401767912	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>		
401767911	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401767913	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401767914	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401767919	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401767921	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)