

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:
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)