

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401789169

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: Latrese Ousley
 Name of Operator: NOBLE ENERGY INC Phone: (832) 6397441
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-45513-00 County: WELD
 Well Name: Larson Well Number: A23-662
 Location: QtrQtr: SWNW Section: 19 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 2329 feet Direction: FNL Distance: 535 feet Direction: FWL
 As Drilled Latitude: 40.472674 As Drilled Longitude: -104.486865

GPS Data:
 Date of Measurement: 03/28/2018 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1735 feet. Direction: FNL Dist.: 415 feet. Direction: FWL
 Sec: 19 Twp: 6N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 1835 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) 05/23/2018 Date TD: 05/28/2018 Date Casing Set or D&A: 05/30/2018
 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 18100 TVD** 6760 Plug Back Total Depth MD 18025 TVD** 6687

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	0	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,964	680	0	1,964	VISU
1ST	8+1/2	5+1/2	20	0	18,084	2,780	2,772	18,084	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	0	284			
PIERRE	445	1,509			
PARKMAN	3,948	3,955			
SUSSEX	4,098	4,299			
SHANNON	4,915	5,089			
TEEPEE BUTTES	5,828				
NIOBRARA	6,643				

Comment:

TPZ is estimated, 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: Latrese Ousley

Title: Regulatory Analyst

Date: _____

Email: Latrese.Ousley@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401792725	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401792715	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			
401792703	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401792708	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401792711	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401792720	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401792722	LAS-CEMENT BOND	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)