

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:
401860243

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: Holly Hill
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-47611-00 County: WELD
 Well Name: DOROTHY STATE Well Number: LG16-785
 Location: QtrQtr: NENW Section: 9 Township: 8N Range: 59W Meridian: 6
 Footage at surface: Distance: 335 feet Direction: FNL Distance: 1320 feet Direction: FWL
 As Drilled Latitude: 40.683209 As Drilled Longitude: -103.986071

GPS Data:
 Date of Measurement: 10/15/2018 PDOP Reading: 6.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 393 feet. Direction: FNL Dist.: 320 feet. Direction: FWL
 Sec: 9 Twp: 8N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 145 feet. Direction: FSL Dist.: 323 feet. Direction: FWL
 Sec: 16 Twp: 8N Rng: 59W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/23/2018 Date TD: 10/27/2018 Date Casing Set or D&A: 10/29/2018
 Rig Release Date: 11/21/2018 Per Rule 308A.b.

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

Total Depth MD 16775 TVD** 5991 Plug Back Total Depth MD 16717 TVD** 5991

Elevations GR 4854 KB 4884 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, Mud, Resistivity

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	1,943	674	0	1,943	VISU
1ST	8+1/2	5+1/2	20	0	16,760	1,688	2,300	16,760	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	3,375				
SUSSEX	4,112				
TEEPEE BUTTES	5,484				
SHARON SPRINGS	6,327				
NIOBRARA	6,435				

Comment:

As drilled GPS was surveyed after conductor was set.
 TPZ is estimated, actual 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: Julie Webb

Title: Sr. Regulatory Analyst Date: _____ Email: julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401873034	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401860270	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			
401860269	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401872901	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401872902	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401872910	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401872911	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401872917	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873001	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873009	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873018	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873026	PDF-RESISTIVITY	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)

