

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.

Document Number:
401816944

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Craig Richardson

Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232

Address: 1001 NOBLE ENERGY WAY Fax: _____

City: HOUSTON State: TX Zip: 77070

API Number 05-123-45549-00 County: WELD

Well Name: Larson Well Number: A23-633

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

Footage at surface: Distance: 1282 feet Direction: FSL Distance: 275 feet Direction: FEL

As Drilled Latitude: 40.468294 As Drilled Longitude: -104.489762

GPS Data:
Date of Measurement: 03/28/2018 PDOP Reading: 3.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1475 feet. Direction: FSL Dist.: 401 feet. Direction: FEL
Sec: 24 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1507 feet. Direction: FSL Dist.: 12 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) 04/07/2018 Date TD: 04/11/2018 Date Casing Set or D&A: 04/12/2018

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 17260 TVD** 6703 Plug Back Total Depth MD 17200 TVD** 6703

Elevations GR 4646 KB 4676 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, (Neutron in 123-45547)

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	1,937	688	0	1,937	VISU
1ST	8+1/2	5+1/2	20	0	17,246	1,803	2,402	17,246	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	
PIERRE	439				
PARKMAN	3,538				
SUSSEX	4,087				
SHANNON	4,898				
TEEPEE BUTTES	5,748				
SHARON SPRINGS	6,534				
NIOBRARA	6,583				

Comment:

TPZ is actual.

No Open Hole Logs run per Rule 317.p. Neutron log run on Larson A23-639 (123-45547).

As Drilled GPS was surveyed after conductor was set.

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			
401860971	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401860967	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			
401816954	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401816958	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401816961	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401816964	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401860943	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401878048	PDF-MWD/LWD	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)

