

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:
401816726

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 05-123-45512-00 County: WELD

Well Name: Larson Well Number: A23-651

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

Footage at surface: Distance: 2374 feet Direction: FNL Distance: 535 feet Direction: FWL

As Drilled Latitude: 40.472551 As Drilled Longitude: -104.486864

GPS Data:
Date of Measurement: 03/28/2018 PDOP Reading: 2.4 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2670 feet. Direction: FNL Dist.: 387 feet. Direction: FWL
Sec: 19 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2555 feet. Direction: FNL Dist.: 7 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) 05/10/2018 Date TD: 05/15/2018 Date Casing Set or D&A: 05/16/2018

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 18045 TVD** 6755 Plug Back Total Depth MD 17988 TVD** 6755

Elevations GR 4649 KB 4679 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, (Neutron in 123-45513)

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	48	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,969	690	0	1,969	VISU
1ST	8+1/2	5+1/2	20	0	18,031	1,889	3,697	18,031	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	445				
PARKMAN	3,530				
SUSSEX	4,085				
SHANNON	4,897				
TEEPEE BUTTES	5,775				
SHARON SPRINGS	6,521				
NIOBRARA	6,568				

Comment:

TPZ is actual.

No Open Hole Logs run per Rule 317.p. Neutron log run on Larson A23-645 (123-45513).

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			
401876623	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401861218	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			
401861216	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861219	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861220	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861221	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861224	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401861225	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)

