

FORM
5Rev
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:

401886039

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: 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 05-123-47612-00

County: WELD

Well Name: DOROTHY STATE

Well Number: LG16-757

Location: QtrQtr: NENW Section: 9 Township: 8N Range: 59W Meridian: 6

Footage at surface: Distance: 335 feet Direction: FNL Distance: 1433 feet Direction: FWL

As Drilled Latitude: 40.683207 As Drilled Longitude: -103.985668

GPS Data:

Date of Measurement: 10/15/2018 PDOP Reading: 2.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 220 feet. Direction: FNL Dist.: 2134 feet. Direction: FWL

Sec: 9 Twp: 8N Rng: 59W

** If directional footage at Bottom Hole Dist.: 144 feet. Direction: FSL Dist.: 2183 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) 11/15/2018 Date TD: 11/18/2018 Date Casing Set or D&A: 11/20/2018

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 16692 TVD** 6075 Plug Back Total Depth MD 16631 TVD** 6075

Elevations GR 4855 KB 4885

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD/LWD, (Resistivity in 123-47611)

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	1,934	668	0	1,934	VISU
1ST	8+1/2	5+1/2	20	0	16,679	1,677	3,338	16,679	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	3,350				
SUSSEX	4,061				
TEEPEE BUTTES	5,394				
SHARON SPRINGS	6,096				
NIOBRARA	6,152				

Comment:

As drilled GPS was surveyed after conductor was set.

TPZ is estimated, actual TPZ will be submitted on the form 5A.

No Open hole logs ran per rule 317.p. Resistivity log ran on Dorothy State LG16-785 (123-47611).

SHL on CBL incorrecct, corect footages reported on form.

KB on CBL incorrect, correct elevation reported on form.

Spud date on MWD incorrect, correct date reported on form.

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 ?
<u>Attachment Checklist</u>		
401886086	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401886080	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"/>
<u>Other Attachments</u>		
401886077	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401886092	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401886100	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401886106	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401886119	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401886125	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)

