

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:

401922816

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 05-123-47705-00

County: WELD

Well Name: DOROTHY STATE

Well Number: LG16-748

Location: QtrQtr: SWSE Section: 4 Township: 8N Range: 59W Meridian: 6

Footage at surface: Distance: 350 feet Direction: FSL Distance: 1535 feet Direction: FEL

As Drilled Latitude: 40.685072 As Drilled Longitude: -103.977384

GPS Data:

Date of Measurement: 11/05/2108 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 195 feet. Direction: FNL Dist.: 2505 feet. Direction: FEL

Sec: 9 Twp: 8N Rng: 59W

** If directional footage at Bottom Hole Dist.: 144 feet. Direction: FSL Dist.: 2507 feet. Direction: FEL

Sec: 16 Twp: 8N Rng: 59W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number: 96/4078-S

Spud Date: (when the 1st bit hit the dirt) 12/07/2018 Date TD: 12/11/2018 Date Casing Set or D&A: 12/13/2018

Rig Release Date: 12/13/2108 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16940 TVD** 6019 Plug Back Total Depth MD 16878 TVD** 6019

Elevations GR 4848 KB 4878

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

List Electric Logs Run:

CBL, MWD/LWD, (Neutron in 123-47704)

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	1,946	682	0	1,946	VISU
1ST	8+1/2	5+1/2	20	0	16,926	1,702	2,484	16,926	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	3,342				
SUSSEX	4,053				
TEEPEE BUTTES	5,388				
SHARON SPRINGS	6,151				
NIOBRARA	6,227				

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. Neutron log ran on Dorothy State LG16-739 (123-47704).

Sec-T-R on Surface Casing Cement Report inaccurate. Correct location reported on form.

GR/KB on MWD/LWD incorrect. Correct elevations 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>		
401930582	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401930576	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>		
401930574	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401930586	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401930587	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401930590	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401930592	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401930593	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)

