

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:
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

