

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:
402002617

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 05-123-44478-00 County: WELD

Well Name: Harper Well Number: A21-681

Location: QtrQtr: NWSW Section: 21 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 2390 feet Direction: FSL Distance: 950 feet Direction: FWL

As Drilled Latitude: 40.470815 As Drilled Longitude: -104.561173

GPS Data:
Date of Measurement: 01/07/2019 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 674 feet. Direction: FNL Dist.: 1444 feet. Direction: FWL
Sec: 21 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 640 feet. Direction: FNL Dist.: 110 feet. Direction: FEL
Sec: 22 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) 02/18/2019 Date TD: 02/21/2019 Date Casing Set or D&A: 02/23/2019

Rig Release Date: 02/23/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16642 TVD** 6781 Plug Back Total Depth MD 16584 TVD** 6781

Elevations GR 4744 KB 4774 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, (Neutron in 123-44541)

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	683	0	1,946	VISU
1ST	8+1/2	5+1/2	20	0	16,632	1,689	2,500	16,632	CALC

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	
FOX HILLS	372				
PIERRE	510				
PARKMAN	3,739				
SUSSEX	4,363				
SHANNON	5,277				
TEEPEE BUTTES	6,397				
SHARON SPRINGS	7,359				
NIOBRARA	7,452				

Comment:

As drilled GPS was surveyed after conductor was set.

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

Alternative Logging Exception: No Open Hole Logs ran per rule 317.p Neutron ran on Kona A19-646 (123-44541).

Noble will run the CBL prior to completing (perforating) the well. The CBL will be submitted via Sundry Notice immediately after it is run. The top of cement calculation is based on contractor's cement tickets.

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			
402003098	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402010913	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			
402010912	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402010915	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402010918	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402010919	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)

