

FORM  
5

Rev  
10/14

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402170060

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Craig Richardson</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4232</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>stephany.olsen@nblenergy.com</u>

API Number <u>05-123-49355-00</u>	County: <u>WELD</u>
Well Name: <u>STRIPES FEDERAL</u>	Well Number: <u>LD18-720</u>
Location: QtrQtr: <u>NENE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>285</u> feet Direction: <u>FNL</u> Distance: <u>1054</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.772204</u> As Drilled Longitude: <u>-103.901622</u>	
GPS Data:	
Date of Measurement: <u>07/05/2019</u> PDOP Reading: <u>1.8</u> GPS Instrument Operator's Name: <u>Toa Sagapolutele</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>490</u> feet Direction: <u>FNL</u> Dist: <u>667</u> feet Direction: <u>FEL</u>	
Sec: <u>7</u> Twp: <u>9N</u> Rng: <u>58W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>148</u> feet Direction: <u>FSL</u> Dist: <u>646</u> feet Direction: <u>FEL</u>	
Sec: <u>18</u> Twp: <u>9N</u> Rng: <u>58W</u>	
Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Number: <u>16950</u>	
Federal, Indian or State Lease Number: <u>COC76992</u>	

Spud Date: (when the 1st bit hit the dirt) 07/11/2019 Date TD: 07/20/2019 Date Casing Set or D&A: 07/21/2019  
Rig Release Date: 07/27/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>16753</u> TVD** <u>5925</u> Plug Back Total Depth MD <u>16689</u> TVD** <u>5926</u>
Elevations GR <u>4864</u> KB <u>4894</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

CBL, MWD/LWD, (Resistivity in 123-49352)

### 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	651	0	1,946	VISU
1ST	8+1/2	5+1/2	17	0	16,734	1,699	3,062	16,734	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	3,466				
SUSSEX	4,099				
TEEPEE BUTTES	5,246				
SHARON SPRINGS	5,931				
NIOBRARA	5,932				

Operator Comments:

TPZ is actual.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. Resistivity ran on Stripes Federal LD18-790 (123-49352).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Stephany Olsen

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email: stephany.olsen@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402170183	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402182177	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>			
402182176	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402185956	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402185958	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402185960	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402185962	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)

