

FORM
5Rev
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: 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

Email: stephany.olsen@nblenergy.com

API Number 05-123-49355-00

County: WELD

Well Name: STRIPES FEDERAL

Well Number: LD18-720

Location: QtrQtr: NENE

Section: 7

Township: 9N

Range: 58W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 285 feet

Direction: FNL Distance: 1054 feet

Direction: FEL

As Drilled Latitude: 40.772204

As Drilled Longitude: -103.901622

GPS Data:

Date of Measurement: 07/05/2019

PDOP Reading: 1.8

GPS Instrument Operator's Name: Toa Sagapolutele

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 490 feet

Direction: FNL

Dist: 667 feet

Direction: FEL

Sec: 7

Twp: 9N

Rng: 58W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 148 feet

Direction: FSL

Dist: 646 feet

Direction: FEL

Sec: 18

Twp: 9N

Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number: COC76992

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 16753

TVD** 5925

Plug Back Total Depth MD 16689

TVD** 5926

Elevations GR 4864

KB 4894

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

☒

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 OlsenTitle: 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)

