

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:

402214126

Date Received:

10/25/2019

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: Denverregulatory@nblenergy.com

API Number 05-123-49351-00 County: WELD
Well Name: STRIPES FEDERAL Well Number: LD18-740
Location: QtrQtr: NENW Section: 7 Township: 9N Range: 58W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 325 feet Direction: FNL Distance: 2283 feet Direction: FEL
As Drilled Latitude: 40.772072 As Drilled Longitude: -103.908911
GPS Data:
Date of Measurement: 07/05/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 359 feet Direction: FNL Dist: 1988 feet Direction: FEL
Sec: 7 Twp: 9N Rng: 58W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 460 feet Direction: FNL Dist: 2008 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) 07/30/2019 Date TD: 08/02/2019 Date Casing Set or D&A: 08/03/2019
Rig Release Date: 09/01/2019 Per Rule 308A.b.

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

Total Depth MD 12132 TVD** 5903 Plug Back Total Depth MD 12070 TVD** 5903
Elevations GR 4843 KB 4873 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD, Resistivity

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	1,948	648	0	1,948	VISU
1ST	8+1/2	5+1/2	17	0	12,118	1,184	2,576	12,132	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	3,446				
SUSSEX	4,170				
TEEPEE BUTTES	5,353				
SHARON SPRINGS	6,079				
NIOBRARA	6,117				

Operator Comments:

TPZ is actual.
As drilled GPS was surveyed after conductor was set.

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: 10/25/2019 Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402215264	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219187	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402219237	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>			
402214126	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219231	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219252	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219253	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219254	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219262	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219264	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402219265	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402221678	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Corrected 1st string cement bottom per attached survey	01/13/2020
Permit	Permitting review complete.	01/09/2020
Permit	Form 7 reporting missing for 7/2019. Emailed operator.	12/31/2019

Total: 3 comment(s)

