

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400794459

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

API Number 05-123-37367-00

County: WELD

Well Name: FISCUS FEDERAL

Well Number: LD15-77HN

Location: QtrQtr: NENW Section: 15 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FNL Distance: 1682 feet Direction: FWL

As Drilled Latitude: 40.757861 As Drilled Longitude: -103.853780

## GPS Data:

Date of Measurement: 09/11/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 881 feet. Direction: FNL Dist.: 1405 feet. Direction: FWL

Sec: 15 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 661 feet. Direction: FSL Dist.: 1412 feet. Direction: FWL

Sec: 15 Twp: 9N Rng: 58W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/27/2014 Date TD: 11/01/2014 Date Casing Set or D&amp;A: 11/02/2014

Rig Release Date: 11/03/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9906 TVD\*\* 5669 Plug Back Total Depth MD 9906 TVD\*\* 5669

Elevations GR 4701 KB 4717 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/Mud/Gamma

## 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	20	16	42.09	0	116	60	0	116	VISU
SURF	13+1/2	9+5/8	36	0	1,210	489	0	1,210	VISU
1ST	8+3/4	7	26	0	5,991	455	830	5,991	CBL
1ST LINER	6+1/8	4+1/2	11.6	5810	9,891				

## 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	
PIERRE	2,310				
PARKMAN	3,228				
SUSSEX	3,822				
SHANNON	4,279				
NIOBRARA	5,654				

Comment:

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

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

Print Name: Eileen Roberts \_\_\_\_\_

Title: Regulatory Analyst I \_\_\_\_\_ Date: \_\_\_\_\_ Email: [eroberts@nobleenergyinc.com](mailto:eroberts@nobleenergyinc.com) \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400794862	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400794859	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>			
400794848	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794850	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794851	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794853	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794855	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794856	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794860	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)