

**FORM**  
**5**  
Rev  
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



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Document Number:  
400839407

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 05-123-39831-00 County: WELD  
 Well Name: Moses State Well Number: LD11-78-1BHN  
 Location: QtrQtr: SWSW Section: 2 Township: 9N Range: 58W Meridian: 6  
 Footage at surface: Distance: 465 feet Direction: FSL Distance: 1192 feet Direction: FWL  
 As Drilled Latitude: 40.774560 As Drilled Longitude: -103.837600

GPS Data:  
 Date of Measurement: 10/31/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 367 feet. Direction: FNL Dist.: 1110 feet. Direction: FWL  
 Sec: 11 Twp: 9N Rng: 58W  
 \*\* If directional footage at Bottom Hole Dist.: 330 feet. Direction: FSL Dist.: 1100 feet. Direction: FWL  
 Sec: 11 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) 01/25/2015 Date TD: 01/31/2015 Date Casing Set or D&A: 02/01/2015  
 Rig Release Date: 02/02/2015 Per Rule 308A.b.

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

Total Depth MD 10639 TVD\*\* 5569 Plug Back Total Depth MD 10588 TVD\*\* 5569

Elevations GR 4748 KB 4772 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/Mud/Gamma. The Designated well for Resistivity on this pad will be Upchurch State LD 02-77-1BHN

**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	42.5	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	1,217	511	0	1,217	VISU
1ST	8+3/4	7	26	24	6,008	433	3,225	6,008	CBL
1ST LINER	6+1/8	4+1/2	11.6	5806	10,635	322	5,806	10,635	

### 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	2,427				
PARKMAN	3,303				
SUSSEX	3,894				
SHANNON	4,330				
NIOBRARA	5,845				

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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400863481	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400863483	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"/>
<b>Other Attachments</b>			
400839427	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863487	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863488	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863489	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863490	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863491	PDF-GAMMA RAY	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)