

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:

400910183

Date Received:

10/07/2015

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>EILEEN ROBERTS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eileen.roberts@nblenergy.com</u>

API Number <u>05-123-40681-00</u>	County: <u>WELD</u>
Well Name: <u>Kevin</u>	Well Number: <u>LC26-735</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>26</u> Township: <u>9N</u> Range: <u>59W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>460</u> feet Direction: <u>FSL</u> Distance: <u>1694</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.715620</u>	As Drilled Longitude: <u>-103.941590</u>

GPS Data:

 Date of Measurement: 03/31/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

 ** If directional footage at Top of Prod. Zone Dist: 827 feet Direction: FSL Dist: 1626 feet Direction: FEL
 Sec: 26 Twp: 9N Rng: 59W

 ** If directional footage at Bottom Hole Dist: 330 feet Direction: FNL Dist: 1650 feet Direction: FEL
 Sec: 26 Twp: 9N Rng: 59W

 Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

 Spud Date: (when the 1st bit hit the dirt) 04/16/2015 Date TD: 04/20/2015 Date Casing Set or D&A: 04/20/2015
Rig Release Date: 04/21/2015 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

 Total Depth MD 10610 TVD** 5918 Plug Back Total Depth MD 10586 TVD** 5918

 Elevations GR 4850 KB 4880 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

 CBL/Mud/Gamma, The designated resistivity log for this pad will be; Kevin LC 26-742, 123-40685
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	42.09	30	110	80	0	110	VISU
SURF	13+1/2	9+5/8	40	30	658	261	0	658	VISU
1ST	8+3/4	7	26	30	6,299	565	330	6,299	CBL
1ST LINER	6+1/8	4+1/2	11.6	6166	10,595				

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	481				
PARKMAN	3,353				
SUSSEX	4,063				
SHANNON	4,470				
NIOBRARA	6,053				

Operator Comments:

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 Date: 10/7/2015 Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400910835	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400910836	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"/>
Other Attachments			
400910826	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910828	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910830	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910831	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910833	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910834	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910840	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)