

**FORM
5**Rev
10/14**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

400912539

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: 100322 Contact Name: EILEEN ROBERTS
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202 Email: eileen.roberts@nblenergy.com

API Number 05-123-40689-00 County: WELD
Well Name: Gleason Well Number: LC26-720
Location: QtrQtr: SESE Section: 26 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 500 feet Direction: FSL Distance: 626 feet Direction: FEL
As Drilled Latitude: 40.715740 As Drilled Longitude: -103.937750

GPS Data:

Date of Measurement: 04/09/2015 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele** If directional footage at Top of Prod. Zone Dist: 1258 feet Direction: FSL Dist: 631 feet Direction: FELSec: 26 Twp: 9N Rng: 59W** If directional footage at Bottom Hole Dist: 330 feet Direction: FNL Dist: 660 feet Direction: FELSec: 26 Twp: 9N Rng: 59WField Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/28/2015 Date TD: 05/02/2015 Date Casing Set or D&A: 05/03/2015Rig Release Date: 05/03/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 10160 TVD** 5930 Plug Back Total Depth MD 10148 TVD** 5930Elevations GR 4888 KB 4912 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma, The designated resistivity log on this pad will be; Gleason LC 713, 123-40690**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	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	682	288	0	682	VISU
1ST	8+3/4	7	26	24	6,272	564	920	6,272	CBL
1ST LINER	6+1/8	4+1/2	11.6	6167	10,150				

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	502				
PARKMAN	3,366				
SUSSEX	4,068				
SHANNON	4,527				
NIOBRARA	6,114				

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 ?	
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Attachment Checklist

400912729	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400912741	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

400912716	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912719	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912721	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912723	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912725	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912728	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400912743	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)