

DRILLING COMPLETION REPORT

Document Number:
400925751

Date Received:

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: Julie Webb
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223
 Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-41537-00 County: WELD
 Well Name: 70 Ranch State Well Number: BB18-615
 Location: QtrQtr: SESE Section: 17 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 585 feet Direction: FSL Distance: 800 feet Direction: FEL
 As Drilled Latitude: 40.393650 As Drilled Longitude: -104.453643

GPS Data:
 Date of Measurement: 06/16/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 298 feet. Direction: FSL Dist.: 1575 feet. Direction: FEL
 Sec: 17 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 312 feet. Direction: FSL Dist.: 1 feet. Direction: FWL
 Sec: 18 Twp: 5N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/03/2015 Date TD: 07/08/2015 Date Casing Set or D&A: 07/05/2015
 Rig Release Date: 07/10/2015 Per Rule 308A.b.

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

Total Depth MD 16232 TVD** 6613 Plug Back Total Depth MD 16208 TVD** 6613
 Elevations GR 4646 KB 4670 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR-MWD, No mud log ran

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	0	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	0	765	313	0	765	VISU
1ST	8+3/4	7	26	0	6,945	575		6,945	CBL
1ST LINER	6+1/8	4+1/2	11.6	6955	16,217				

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	3,499				
SUSSEX	4,218				
SHANNON	4,796				
NIOBRARA	6,605				

Comment:

As built GPS was surveyed after conductor was set.
 Rig Release date is by well.
 The designated Resistivity log was ran on 70 RANCH STATE BB18-611 (123-41538)

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

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400931297	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400931295	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			
400931300	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400931320	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400931329	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400931388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400931585	LAS-GAMMA RAY	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)