

**DRILLING COMPLETION REPORT**

Document Number:  
400942593

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 05-123-41530-00 County: WELD  
 Well Name: 70 Ranch State Well Number: BB18-689  
 Location: QtrQtr: NENE Section: 17 Township: 5N Range: 63W Meridian: 6  
 Footage at surface: Distance: 255 feet Direction: FNL Distance: 600 feet Direction: FEL  
 As Drilled Latitude: 40.405240 As Drilled Longitude: -104.453610

GPS Data:  
 Date of Measurement: 07/07/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 78 feet. Direction: FNL Dist.: 1178 feet. Direction: FEL  
 Sec: 17 Twp: 5N Rng: 63W  
 \*\* If directional footage at Bottom Hole Dist.: 66 feet. Direction: FNL Dist.: 535 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) 07/14/2015 Date TD: 07/21/2015 Date Casing Set or D&A: 07/22/2015  
 Rig Release Date: 08/02/2015 Per Rule 308A.b.

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

Total Depth MD 15845 TVD\*\* 6599 Plug Back Total Depth MD 15818 TVD\*\* 6599  
 Elevations GR 4697 KB 4721 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, No Mud or Open hole log

**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	0	104	80	0	104	VISU
SURF	13+3/4	9+5/8	36	0	756	290	0	756	VISU
1ST	8+3/4	7	26	0	6,919	572	95	6,919	CBL
1ST LINER	6+1/8	4+1/2	11.6	6926	15,845				

## 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	3,592				
SUSSEX	4,288				
SHANNON	4,886				
NIOBRARA	6,626				

Comment:

As built GPS was surveyed after conductor was set.

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 ?	
<b>Attachment Checklist</b>			
400942595	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400942596	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>			
400942600	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942604	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942611	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942612	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942614	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)