

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.

Document Number:
400960936

Date Received:

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 05-123-41589-00 County: WELD

Well Name: Kidd Well Number: LD22-780

Location: QtrQtr: SWSW Section: 22 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 500 feet Direction: FSL Distance: 1283 feet Direction: FWL

As Drilled Latitude: 40.730850 As Drilled Longitude: -103.854830

GPS Data:
Date of Measurement: 08/03/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 801 feet. Direction: FSL Dist.: 670 feet. Direction: FWL
Sec: 22 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 348 feet. Direction: FNL Dist.: 568 feet. Direction: FWL
Sec: 22 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) 09/02/2015 Date TD: 09/07/2015 Date Casing Set or D&A: 09/05/2015

Rig Release Date: 09/08/2015 Per Rule 308A.b.

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

Total Depth MD 10500 TVD** 5801 Plug Back Total Depth MD 10488 TVD** 5800

Elevations GR 4822 KB 4852 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR. Resistivity log was ran on Kidd LD22-770

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	110	80	0	110	VISU
SURF	13+3/4	9+5/8	36	0	755	311	0	755	VISU
1ST	8+3/4	7	26	0	6,218	459	1,620	6,218	CBL
1ST LINER	6+1/8	4+1/2	11.6	6228	6,228	10,500			

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	3,310				
SUSSEX	3,954				
SHANNON	4,357				
NIOBRARA	5,792				

Comment:

As Build 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 ?	
Attachment Checklist			
400963371	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400963372	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			
400963361	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963362	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963365	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963367	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963377	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)