

DRILLING COMPLETION REPORT

Document Number:
400996538

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 05-123-40660-00 County: WELD
 Well Name: DOUGLAS Well Number: LC35-770
 Location: QtrQtr: SWSW Section: 26 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 450 feet Direction: FSL Distance: 787 feet Direction: FWL
 As Drilled Latitude: 40.715550 As Drilled Longitude: -103.951430

GPS Data:
 Date of Measurement: 09/23/2015 PDOP Reading: 3.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 481 feet. Direction: FNL Dist.: 1249 feet. Direction: FWL
 Sec: 35 Twp: 9N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 827 feet. Direction: FSL Dist.: 1397 feet. Direction: FWL
 Sec: 35 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) 12/18/2015 Date TD: 12/22/2015 Date Casing Set or D&A: 12/20/2015
 Rig Release Date: 01/06/2016 Per Rule 308A.b.

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

Total Depth MD 10315 TVD** 5869 Plug Back Total Depth MD 10296 TVD** 5869
 Elevations GR 4812 KB 4836 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Neurton log was ran on JD LC26-770

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	24	16	42.09	0	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	0	641	227	0	632	VISU
1ST	8+3/4	7	26	0	6,284	454	134	6,274	CBL
1ST LINER	6+1/8	4+1/2	11.6	6284	10,315				

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	586				
PARKMAN	3,338				
SUSSEX	4,052				
SHANNON	4,440				
NIOBRARA	6,065				

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 ?	
Attachment Checklist			
400996575	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400996574	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			
400996558	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400996563	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400996568	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400996570	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400996577	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)