

DRILLING COMPLETION REPORT

Document Number:
400977000

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 05-123-40757-00 County: WELD
 Well Name: Moser Well Number: H22-711
 Location: QtrQtr: NENE Section: 27 Township: 3N Range: 65W Meridian: 6
 Footage at surface: Distance: 380 feet Direction: FNL Distance: 501 feet Direction: FEL
 As Drilled Latitude: 40.202590 As Drilled Longitude: -104.642040

GPS Data:
 Date of Measurement: 08/18/2015 PDOP Reading: 3.1 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 461 feet. Direction: FSL Dist.: 116 feet. Direction: FEL
 Sec: 22 Twp: 3N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 77 feet. Direction: FNL Dist.: 171 feet. Direction: FEL
 Sec: 15 Twp: 3N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 11/29/2015 Date TD: 12/05/2015 Date Casing Set or D&A: 12/01/2015
 Rig Release Date: 12/07/2015 Per Rule 308A.b.

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

Total Depth MD 17410 TVD** 7002 Plug Back Total Depth MD 17364 TVD** 7002
 Elevations GR 4812 KB 4836 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Compensated Neutron log ran on MOSER H34-725 (123-40753).

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	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	888	374	0	888	VISU
1ST	8+3/4	7	26	0	7,377	585	1,400	7,367	CBL
1ST LINER	6+1/4	4+1/2	11.6	7154	17,410	705	490	17,406	

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	629				
PARKMAN	3,810				
SUSSEX	4,430				
SHANNON	5,204				
NIOBRARA	6,949				

Comment:

As drilled 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			
400977350	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400986983	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			
400986961	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400986969	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400986972	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400986981	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400993451	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)