

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400996772

Date Received:

## 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.

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 05-123-40634-00

County: WELD

Well Name: Ann

Well Number: LC34-755

Location: QtrQtr: NENW Section: 34 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 810 feet Direction: FNL Distance: 1628 feet Direction: FWL

As Drilled Latitude: 40.711980 As Drilled Longitude: -103.967370

## GPS Data:

Date of Measurement: 09/23/2015 PDOP Reading: 3.6 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1459 feet. Direction: FNL Dist.: 2811 feet. Direction: FWL

Sec: 34 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 379 feet. Direction: FSL Dist.: 2929 feet. Direction: FWL

Sec: 34 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) 12/13/2015 Date TD: 12/18/2015 Date Casing Set or D&amp;A: 12/16/2015

Rig Release Date: 01/07/2016 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9863 TVD\*\* 5944 Plug Back Total Depth MD 9844 TVD\*\* 5944

Elevations GR 4828 KB 4852 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, GR, Resistivity log was ran on Jessica LC27-775 (123-40640)

## 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+1/2	9+5/8	36	0	643	257	0	634	VISU
1ST	8+3/4	7	26	0	6,336	475	870	6,326	CBL
1ST LINER	6+1/8	4+1/2	11.6	6336	9,863				

## 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	581				
PARKMAN	3,360				
SUSSEX	4,130				
SHANNON	4,479				
NIOBRARA	5,254				

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 ?
<u>Attachment Checklist</u>		
401018110	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401018106	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"/>
<u>Other Attachments</u>		
401018085	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401018091	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401018096	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401018098	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401018113	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)