

FORM
5
Rev
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



DE	ET	OE	ES
----	----	----	----

Document Number:
401020858

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 05-123-40592-00 County: WELD
 Well Name: Remora Well Number: LC34-715
 Location: QtrQtr: NENE Section: 34 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 810 feet Direction: FNL Distance: 748 feet Direction: FEL
 As Drilled Latitude: 40.712060 As Drilled Longitude: -103.956940

GPS Data:
 Date of Measurement: 09/23/2015 PDOP Reading: 2.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1165 feet. Direction: FNL Dist.: 312 feet. Direction: FEL
 Sec: 34 Twp: 9N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 380 feet. Direction: FSL Dist.: 243 feet. Direction: FEL
 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) 01/10/2016 Date TD: 01/16/2016 Date Casing Set or D&A: 01/13/2016
 Rig Release Date: 02/07/2016 Per Rule 308A.b.

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

Total Depth MD 10017 TVD** 5907 Plug Back Total Depth MD 9999 TVD** 5907
 Elevations GR 4814 KB 4838 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Compensated Neutron

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	CALC
SURF	13+1/2	9+5/8	36	0	643	282	0	633	VISU
1ST	8+3/4	7	26	0	6,190	465	778	6,182	CBL
1ST LINER	6+1/8	4+1/2	11.6	6190	10,017				

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	3,320				
SUSSEX	4,092				
SHANNON	4,446				
TEEPEE BUTTES	5,252				
NIOBRARA	6,137				

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			
401020896	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401020895	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			
401020866	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020867	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020871	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020873	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020878	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020887	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401020903	DIRECTIONAL DATA	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)