

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:

401021628

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 05-123-40599-00 County: WELD
Well Name: Remora Well Number: LC34-745
Location: QtrQtr: NWNE Section: 34 Township: 9N Range: 59W Meridian: 6
Footage at surface: Distance: 810 feet Direction: FNL Distance: 1550 feet Direction: FEL
As Drilled Latitude: 40.712050 As Drilled Longitude: -103.959830

GPS Data:

Date of Measurement: 09/23/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1207 feet. Direction: FNL Dist.: 2316 feet. Direction: FEL
Sec: 34 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 281 feet. Direction: FSL Dist.: 2246 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) 01/31/2016 Date TD: 02/05/2016 Date Casing Set or D&A: 02/03/2016

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 10355 TVD** 6026 Plug Back Total Depth MD 10343 TVD** 6026

Elevations GR 4816 KB 4840 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, GR

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	618	267	0	611	VISU
1ST	8+3/4	7	26	0	6,454	480	798	6,444	CBL
1ST LINER	6+1/8	4+1/2	11.6	6454	10,076				

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	3,341				
SUSSEX	4,103				
SHANNON	4,487				
TEEPEE BUTTES	5,249				
NIOBRARA	6,049				

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			
401021693	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401021716	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			
401021673	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021682	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021686	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021688	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401021718	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)