

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



DE ET OE ES

Document Number:

401159751

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 05-123-42813-00

County: WELD

Well Name: Lapp

Well Number: A15-645

Location: QtrQtr: NWSW Section: 13 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 2417 feet Direction: FSL Distance: 400 feet Direction: FWL

As Drilled Latitude: 40.485575 As Drilled Longitude: -104.506398

## GPS Data:

Date of Measurement: 08/02/2016 PDOP Reading: 1.6 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 2311 feet. Direction: FSL Dist.: 480 feet. Direction: FWL

Sec: 13 Twp: 6N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2253 feet. Direction: FSL Dist.: 521 feet. Direction: FWL

Sec: 15 Twp: 6N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/11/2016 Date TD: 09/16/2016 Date Casing Set or D&amp;A: 09/17/2016

Rig Release Date: 10/07/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17412 TVD\*\* 6694 Plug Back Total Depth MD 17353 TVD\*\* 6694

Elevations GR 4668 KB 4698

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, GR, Tripple Combo

## 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	110	64	0	110	VISU
SURF	13+1/2	9+5/8	36	0	1,913	735	0	1,913	VISU
1ST	8+1/2	5+1/2	20	0	17,402	2,267	490	17,402	CBL

## 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	357				
PARKMAN	3,578				
SUSSEX	4,149				
SHANNON	4,878				
TEEPEE BUTTES	5,927				
NIOBRARA	6,685				

Comment:

As build GPS was surveyed after conductor was set on 7/19/2016.  
No open hole logs were ran, per 317.p exception.

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: Senior Regulatory Analyst Date: \_\_\_\_\_ Email: jwebb@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401159785	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401161223	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>		
401161200	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161204	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161205	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161211	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161214	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161220	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161224	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)