

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



Document Number:

400910073

Date Received:

10/06/2015

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 100322

Contact Name: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-40682-00

County: WELD

Well Name: Kevin

Well Number: LC26-728

Location: QtrQtr: SWSE Section: 26 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 460 feet Direction: FSL Distance: 1656 feet Direction: FEL

As Drilled Latitude: 40.715620 As Drilled Longitude: -103.941450

## GPS Data:

Date of Measurement: 03/31/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 851 feet Direction: FSL Dist.: 1232 feet Direction: FEL

Sec: 26 Twp: 9N Rng: 59W

\*\* If directional footage at Bottom Hole Dist.: 330 feet Direction: FNL Dist.: 1211 feet Direction: FEL

Sec: 26 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) 04/08/2015 Date TD: 04/14/2015 Date Casing Set or D&amp;A: 04/15/2015

Rig Release Date: 04/16/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10777 TVD\*\* 5982 Plug Back Total Depth MD 10760 TVD\*\* 5982

Elevations GR 4851 KB 4881 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MWD/LWD, (RES 123-401685)

## 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	42.9	0	110	80	0	110	VISU
SURF	13+1/2	9+5/8	40	0	672	306	0	672	VISU
1ST	8+3/4	7	26	0	6,479	807	500	6,479	CBL
1ST LINER	6+1/8	4+1/2	11.6	6367	10,762				

### 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	492				
PARKMAN	3,343				
SUSSEX	4,063				
SHANNON	4,481				
NIOBRARA	6,063				

#### Operator Comments

No mud logs were run on this well.  
The designated resistivity log on this pad will be the Kevin LC26-742, (05-123-40685).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: EILEEN ROBERTS

Title: REGULATORY ANALYST Date: 10/6/2015 Email: eileen.roberts@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400910132	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400910133	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>		
400910073	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400910136	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912235	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912246	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912247	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912248	PDF-MWD/LWD	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)