

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:

401523409

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: Logan Boughal

Name of Operator: NOBLE ENERGY INC

Phone: (832) 6397447

Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

API Number 05-123-44845-00

County: WELD

Well Name: Waste Management

Well Number: Y23-768

Location: QtrQtr: NWNW Section: 11 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 787 feet Direction: FNL Distance: 991 feet Direction: FWL

As Drilled Latitude: 40.158051 As Drilled Longitude: -104.524701

GPS Data:

Date of Measurement: 10/06/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: toa sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 1470 feet. Direction: FWL

Sec: 23 Twp: 2n Rng: 64w

** If directional footage at Bottom Hole Dist.: 2490 feet. Direction: FNL Dist.: 1456 feet. Direction: FWL

Sec: 23 Twp: 2n Rng: 64w

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/27/2017 Date TD: 01/01/2017 Date Casing Set or D&A: 01/03/2017

Rig Release Date: 01/03/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 19813 TVD** 6918 Plug Back Total Depth MD 19749 TVD** 6918

Elevations GR 6950 KB 6980

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

List Electric Logs Run:

cbl, gr. no openhole logs run.

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	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	2,046	717	0	2,046	VISU
1ST	8+1/2	5+1/2	20	0	19,791	2,203	2,715	6,918	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	
PARKMAN	3,987				
SUSSEX	4,317				
SHANNON	5,130				
TEEPEE BUTTES	6,079				
SHARON SPRINGS	6,864				
NIOBRARA	6,933				

Comment:

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

Signed: _____ Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II Date: _____ Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401537166	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401537192	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>		
401537193	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401537197	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)