

**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



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Document Number:  
401562910

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 05-123-45378-00 County: WELD  
 Well Name: Bison Ridge Well Number: Y22-779  
 Location: QtrQtr: NESW Section: 10 Township: 2N Range: 64W Meridian: 6  
 Footage at surface: Distance: 2230 feet Direction: FSL Distance: 2017 feet Direction: FWL  
 As Drilled Latitude: 40.151835 As Drilled Longitude: -104.539856

GPS Data:  
 Date of Measurement: 11/07/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 2180 feet. Direction: FSL Dist.: 790 feet. Direction: FWL  
 Sec: 10 Twp: 2N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 2640 feet. Direction: FSL Dist.: 739 feet. Direction: FWL  
 Sec: 22 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) 12/24/2017 Date TD: 12/28/2017 Date Casing Set or D&A: 12/29/2017  
 Rig Release Date: 12/29/2017 Per Rule 308A.b.

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

Total Depth MD 17191 TVD\*\* 6956 Plug Back Total Depth MD 17130 TVD\*\* 6956

Elevations GR 4930 KB 4960 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, NO OPEN HOLE LOG 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	42.09	0	110	64	30	110	CALC
SURF	13+1/2	9+5/8	36	0	2,056	727	30	2,056	VISU
1ST	8+1/2	5+1/2	26	0	17,181	1,902	1,855	17,181	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	3,979				
SUSSEX	4,308				
SHANNON	5,151				
TEEPEE BUTTES	6,078				
SHARON SPRINGS	7,040				
NIOBRARA	7,139				

Comment:

TPZ IS ESTIMATED. ACCURATE TPZ WILL BE NOTED ON 5A.  
GPS WAS TAKEN PRIOR AT CONDUCTOR CASING PRIOR TO RIG ARRIVAL.

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 ?	
<b>Attachment Checklist</b>			
401562915	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401562918	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"/>
<b>Other Attachments</b>			
401562912	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401562913	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401562914	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401575421	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401575423	PDF-GAMMA RAY	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)