

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:
401565763

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 05-123-45237-00 County: WELD
 Well Name: Hullabaloo State Well Number: Y21-769
 Location: QtrQtr: NWNW Section: 16 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 445 feet Direction: FNL Distance: 955 feet Direction: FWL
 As Drilled Latitude: 40.144573 As Drilled Longitude: -104.562595

GPS Data:
 Date of Measurement: 09/01/2017 PDOP Reading: 4.0 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 550 feet. Direction: FNL Dist.: 1395 feet. Direction: FWL
 Sec: 16 Twp: 2N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 100 feet. Direction: FSL Dist.: 1395 feet. Direction: FWL
 Sec: 21 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 70/7879-S

Spud Date: (when the 1st bit hit the dirt) 09/21/2017 Date TD: 09/24/2017 Date Casing Set or D&A: 09/25/2017
 Rig Release Date: 09/26/2017 Per Rule 308A.b.

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

Total Depth MD 17358 TVD** 6950 Plug Back Total Depth MD 17287 TVD** 6950

Elevations GR 4893 KB 4923 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL & GAMMA. NO OPEN HOLE 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	40.09	0	110	64	30	110	CALC
SURF	13+1/2	9+5/8	36	0	2,032	712	30	2,032	VISU
1ST	8+1/2	5+1/2	20	0	17,337	1,913	1,604	17,337	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	3,961				
SUSSEX	4,273				
SHANNON	5,035				
TEEPEE BUTTES	6,098				
SHARON SPRINGS	6,841				
NIOBRARA	6,910				

Comment:

TPZ IS ESTIMATED. ACCURATE TPZ WILL BE REPORTED ON 5A POST COMPLETION.

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 ?	
Attachment Checklist			
401571164	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401572519	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			
401572520	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401572521	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401572522	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401611092	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401611094	PDF-CEMENT BOND	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)