

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:

401572355

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 05-123-45621-00

County: WELD

Well Name: Shufly State

Well Number: Y34-714

Location: QtrQtr: SESE Section: 34 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FSL Distance: 750 feet Direction: FEL

As Drilled Latitude: 40.088466 As Drilled Longitude: -104.530507

## GPS Data:

Date of Measurement: 12/19/2017 PDOP Reading: 3.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FSL Dist.: 260 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2500 feet. Direction: FSL Dist.: 260 feet. Direction: FEL

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) 01/08/2018 Date TD: 01/12/2018 Date Casing Set or D&amp;A: 01/13/2018

Rig Release Date: 01/14/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 19794 TVD\*\* 6978 Plug Back Total Depth MD 19604 TVD\*\* 6978

Elevations GR 5039 KB 5069 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MUD, RESISTIVITY, &amp; GAMMA.

## 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	30	110	CALC
SURF	13+1/2	9+5/8	36	0	2,142	750	30	750	VISU
1ST	8+1/2	5+1/2	20	0	19,646	2,199	2,288	19,646	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	4,089				
SUSSEX	4,430				
SHANNON	5,215				
TEEPEE BUTTES	6,175				
SHARON SPRINGS	6,919				
NIOBRARA	6,944				

Comment:

TPZ IS ESTIMATED. ACTUAL TPZ WILL BE REPORTED ON 5A AFTER 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 ?
<u>Attachment Checklist</u>		
401572356	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401572377	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>		
401572376	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401572380	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401572381	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401572385	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401572386	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401628530	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401628536	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401628547	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401628552	PDF-RESISTIVITY	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)