

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:

401525982

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 05-123-45376-00

County: WELD

Well Name: Bison Ridge

Well Number: Y22-764

Location: QtrQtr: NESW Section: 10 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 2230 feet Direction: FSL Distance: 2092 feet Direction: FWL

As Drilled Latitude: 40.151835 As Drilled Longitude: -104.539584

GPS Data:

Date of Measurement: 11/09/2017 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.: 1727 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) 12/07/2017 Date TD: 12/12/2017 Date Casing Set or D&A: 12/13/2017

Rig Release Date: 01/04/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17059 TVD** 6957 Plug Back Total Depth MD 17004 TVD** 5957

Elevations GR 4931 KB 4961

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+1/16		36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	2,040	721	0	2,040	VISU
1ST	8+1/2	5+1/2	20	0	17,004	1,864	1,884	17,004	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	3,925				
SUSSEX	4,251				
SHANNON	5,033				
TEEPEE BUTTES	6,038				
SHARON SPRINGS	6,805				
NIOBRARA	6,877				

Comment:

TPZ IS ESTIMATED. ACTUAL TPZ WILL BE RECORD ON FORM 5A POST COMPLETION.

GPS WAS MEASURED 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 ?
<u>Attachment Checklist</u>		
401535781	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401535782	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>		
401535786	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401535789	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401657802	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401657803	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401657804	DIRECTIONAL DATA	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)