

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:

401565755

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 05-123-45233-00

County: WELD

Well Name: Hullabaloo State

Well Number: Y21-736

Location: QtrQtr: NENE Section: 16 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 445 feet Direction: FNL Distance: 967 feet Direction: FEL

As Drilled Latitude: 40.144527 As Drilled Longitude: -104.550444

## GPS Data:

Date of Measurement: 09/19/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 750 feet. Direction: FNL Dist.: 1735 feet. Direction: FEL

Sec: 16 Twp: 2N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 100 feet. Direction: FSL Dist.: 1735 feet. Direction: FEL

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) 09/30/2017 Date TD: 10/05/2017 Date Casing Set or D&amp;A: 10/06/2017

Rig Release Date: 10/06/2017 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17186 TVD\*\* 6894 Plug Back Total Depth MD 1781 TVD\*\* 6894

Elevations GR 4945 KB 4975 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL &amp; GR. NO OPENHOLE 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	40.09	0	110	64	30	110	CALC
SURF	13+1/2	9+5/8	36	0	2,019	685	30	2,019	VISU
1ST	8+1/2	5+1/2	20	0	17,181	1,882	2,014	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	3,945				
SUSSEX	4,291				
SHANNON	5,046				
TEEPEE BUTTES	6,179				
SHARON SPRINGS	6,917				
NIOBRARA	6,984				

Comment:

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

GPS WAS MEASURED AT CONDUCTOR PRIOR TO SPUD.

OPEN HOLE LOG RUN ON HULLABALOO STATE Y21-746 (123-45235)

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>			
401566235	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401566223	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>			
401566218	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401566220	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401566227	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602117	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602118	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)