

**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:  
401570612

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 05-123-44607-00 County: WELD  
 Well Name: Centennial State Well Number: G34-689  
 Location: QtrQtr: NENE Section: 35 Township: 4N Range: 65W Meridian: 6  
 Footage at surface: Distance: 500 feet Direction: FNL Distance: 250 feet Direction: FEL  
 As Drilled Latitude: 40.274611 As Drilled Longitude: -104.621984

GPS Data:  
 Date of Measurement: 01/10/2018 PDOP Reading: 1.8 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FNL Dist.: 265 feet. Direction: FEL  
 Sec: 35 Twp: 4N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 50 feet. Direction: FNL Dist.: 460 feet. Direction: FWL  
 Sec: 34 Twp: 4N Rng: 65W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 01/18/2018 Date TD: \_\_\_\_\_ Date Casing Set or D&A: 01/23/2018  
 Rig Release Date: 03/22/2018 Per Rule 308A.b.

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

Total Depth MD 16730 TVD\*\* 7027 Plug Back Total Depth MD 16660 TVD\*\* 7027  
 Elevations GR 4772 KB 4802 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GAMMA, NEUTRON

**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	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,965	700	0	1,965	VISU
1ST	8+1/2	5+1/2	20	0	16,730	1,838	1,612	16,730	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	
FOX HILLS	485				
PIERRE	648				
PARKMAN	3,743				
SUSSEX	4,184				
SHANNON	4,973				
TEEPEE BUTTES	6,133				
SHARON SPRINGS	6,826				
NIOBRARA	6,887				

Comment:

TPZ IS ESTIMATED; AN ACCURATE TPZ WILL BE REPORTED ON FORM 5A

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>			
401570614	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401768017	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>			
401768007	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768008	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768010	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768013	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768014	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768015	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401768016	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)

