

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:

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 ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 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"/> |
| <u>Other Attachments</u> | | |
| 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)

