

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:

401707621

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 05-123-46977-00

County: WELD

Well Name: Emmy State

Well Number: H25-751

Location: QtrQtr: SESW Section: 25 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 285 feet Direction: FSL Distance: 1275 feet Direction: FWL

As Drilled Latitude: 40.189679 As Drilled Longitude: -104.616686

## GPS Data:

Date of Measurement: 07/23/2018 PDOP Reading: 2.7 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 430 feet. Direction: FSL Dist.: 2375 feet. Direction: FWL

Sec: 25 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 100 feet. Direction: FNL Dist.: 2565 feet. Direction: FEL

Sec: 24 Twp: 3N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/28/2018 Date TD: 08/01/2018 Date Casing Set or D&amp;A: 08/03/2018

Rig Release Date: 08/16/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17590 TVD\*\* 6997 Plug Back Total Depth MD 17527 TVD\*\* 6997

Elevations GR 4816 KB 4846

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, GAMMA, OPENHOLE 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	36	26	36.64	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,928	683	0	1,928	VISU
1ST	8+1/2	5+1/2	20	0	17,590	1,573	2,417	17,590	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	633				
PIERRE	779				
PARKMAN	3,858				
SUSSEX	4,261				
SHANNON	5,064				
TEEPEE BUTTES	6,168				
NIOBRARA	7,017				

Comment:

TPZ IS ESTIMATED AND WILL BE REPORTED ON 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

Title: REGULATORY ANALYST II Date: \_\_\_\_\_ Email: LOGAN.BOUGHAL@NBLENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401732319	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401796021	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>		
401795983	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401795987	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401795990	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401795993	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401795995	LAS-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401795996	PDF-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401796019	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)

