

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:
401718219

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 05-123-46974-00 County: WELD
 Well Name: Emmy State Well Number: H25-757
 Location: QtrQtr: SESW Section: 25 Township: 3N Range: 65W Meridian: 6
 Footage at surface: Distance: 285 feet Direction: FSL Distance: 1253 feet Direction: FWL
 As Drilled Latitude: 40.189675 As Drilled Longitude: -104.616760

GPS Data:
 Date of Measurement: 07/23/2018 PDOP Reading: 2.1 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 430 feet. Direction: FSL Dist.: 2130 feet. Direction: FWL
 Sec: 25 Twp: 3N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 100 feet. Direction: FNL Dist.: 2125 feet. Direction: FWL
 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) 08/03/2018 Date TD: 08/08/2018 Date Casing Set or D&A: 08/08/2018
 Rig Release Date: 09/01/2018 Per Rule 308A.b.

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

Total Depth MD 17544 TVD** 6918 Plug Back Total Depth MD 17544 TVD** 6918

Elevations GR 4816 KB 4846 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GAMMA, CBL, (OPENHOLE NEUTRON RUN ON EMMY STATE H25-751 05-123-46977)

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	
SURF	13+1/2	9+5/8	36	0	1,928	680	0	1,928	
1ST	8+1/2	5+1/2	20	2472	17,544	1,673	2,472	1,673	

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	3,826				
SUSSEX	4,188				
SHANNON	5,038				
TEEPEE BUTTES	6,204				
NIOBRARA	6,987				

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 BOUGHAL

Title: REGULATORY ANALYST II

Date: _____

Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401732317	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401798353	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"/>
Other Attachments			
401798317	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401798319	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401798322	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401798351	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401798355	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)

