

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:

401855808

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 05-123-46970-00

County: WELD

Well Name: Emmy State

Well Number: H25-744

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

Footage at surface: Distance: 285 feet Direction: FSL Distance: 1805 feet Direction: FEL

As Drilled Latitude: 40.189675 As Drilled Longitude: -104.609282

GPS Data:

Date of Measurement: 08/27/2018 PDOP Reading: 2.7 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 244 feet. Direction: FSL Dist.: 2271 feet. Direction: FEL

Sec: 25 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 103 feet. Direction: FNL Dist.: 2174 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) 10/02/2018 Date TD: 10/05/2018 Date Casing Set or D&amp;A: 10/07/2018

Rig Release Date: 10/07/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17254 TVD\*\* 6945 Plug Back Total Depth MD 17192 TVD\*\* 6945

Elevations GR 4805 KB 4835

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

List Electric Logs Run:

CBL,MWD/LWD, 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	1,946	682	0	1,946	VISU
1ST	8+1/2	5+1/2	20	0	17,238	1,759	2,822	17,238	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	625				
PIERRE	788				
PARKMAN	3,797				
SUSSEX	4,179				
SHANNON	4,986				
TEEPEE BUTTES	6,142				
SHARON SPRINGS	6,843				
NIOBRARA	6,914				

Comment:

TPZ IS ESTIMATED, AND ACTUAL TPZ WILL BE REPORTED ON FORM 5A.  
AS DRILLED GPS WAS SURVEYED AFTER CONDUCTOR WAS SET.

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>		
401855886	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401855883	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>		
401855860	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855861	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855862	LAS-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855864	PDF-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855867	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855869	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401855885	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)

