

DRILLING COMPLETION REPORT

Document Number:
401767469

Date Received:

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 05-123-46969-00 County: WELD
 Well Name: Emmy State Well Number: H25-724
 Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 65W Meridian: 6
 Footage at surface: Distance: 285 feet Direction: FSL Distance: 1737 feet Direction: FEL
 As Drilled Latitude: 40.189676 As Drilled Longitude: -104.609046

GPS Data:
 Date of Measurement: 08/27/2018 PDOP Reading: 2.8 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 169 feet. Direction: FSL Dist.: 1105 feet. Direction: FEL
 Sec: 25 Twp: 3N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 107 feet. Direction: FNL Dist.: 963 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) 09/17/2018 Date TD: 09/20/2018 Date Casing Set or D&A: 09/21/2018
 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 17338 TVD** 6957 Plug Back Total Depth MD 17276 TVD** 6957
 Elevations GR 4805 KB 4835 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL, MWD/LWD, (Neutron in 123-46970)

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	687	0	1,965	VISU
1ST	8+1/2	5+1/2	20	0	17,323	1,783	2,599	17,323	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	626				
PIERRE	789				
PARKMAN	3,818				
SUSSEX	4,191				
SHANNON	4,998				
TEEPEE BUTTES	6,121				
SHARON SPRINGS	6,880				
NIOBRARA	6,913				

Comment:

- o TPZ is estimated, actual TPZ will be reported on the form 5A.
 - o No Open hole logs ran per rule 317.p Neutron log ran on Emmy State H25-744 (123-46970)
 - o 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 ?	
Attachment Checklist			
401767473	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401862211	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			
401855738	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855739	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855740	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855741	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401862210	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)

