

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:
402058931

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: Craig Richardson
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-48562-00 County: WELD
 Well Name: Vogler State Well Number: D21-750
 Location: QtrQtr: SWSE Section: 21 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 930 feet Direction: FSL Distance: 2519 feet Direction: FEL
 As Drilled Latitude: 40.206237 As Drilled Longitude: -104.555932

GPS Data:
 Date of Measurement: 02/20/2019 PDOP Reading: 3.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 689 feet. Direction: FSL Dist.: 2619 feet. Direction: FEL
 Sec: 21 Twp: 3N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 200 feet. Direction: FNL Dist.: 2629 feet. Direction: FWL
 Sec: 16 Twp: 3N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/23/2019 Date TD: 03/28/2019 Date Casing Set or D&A: 03/29/2019
 Rig Release Date: 04/08/2019 Per Rule 308A.b.

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

Total Depth MD 17630 TVD** 6838 Plug Back Total Depth MD 17571 TVD** 6838

Elevations GR 4824 KB 4854 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, Neutron, (IND in 123-26280)

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	1,929	681	0	1,929	VISU
1ST	8+1/2	5+1/2	20	0	17,619	1,803	2,827	17,619	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	
PARKMAN	3,848				
SUSSEX	4,266				
TEEPEE BUTTES	6,207				
SHARON SPRINGS	6,993				
NIOBRARA	7,052				

Comment:

TPZ is actual.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Exception: No open hole logs run per rule 317.p. Induction ran on Guttersen 34-21 (123-26280).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Julie Webb

Title: Sr. Regulatory Analyst

Date: _____

Email: julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402062872	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402062881	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			
402062880	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062885	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062899	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062900	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062906	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062908	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402062910	PDF-NEUTRON	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)

