

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:

402058936

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 05-123-48563-00

County: WELD

Well Name: Vogler State

Well Number: D21-720

Location: QtrQtr: SESE Section: 21 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 865 feet Direction: FSL Distance: 586 feet Direction: FEL

As Drilled Latitude: 40.206013 As Drilled Longitude: -104.549006

GPS Data:

Date of Measurement: 02/20/2019 PDOP Reading: 2.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 500 feet. Direction: FNL Dist.: 648 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 196 feet. Direction: FNL Dist.: 686 feet. Direction: FEL

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) 04/13/2019 Date TD: 04/17/2019 Date Casing Set or D&A: 04/17/2019

Rig Release Date: 04/24/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17665 TVD** 6895 Plug Back Total Depth MD 17604 TVD** 6896

Elevations GR 4820 KB 4850

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

List Electric Logs Run:

CBL, MWD/LWD, (DIL in 123-12186)

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	1,950	654	0	1,950	VISU
1ST	8+1/2	5+1/2	20	0	17,651	1,810	3,394	17,651	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	3,885				
SUSSEX	4,288				
TEEPEE BUTTES	6,172				
SHARON SPRINGS	6,919				
NIOBRARA	6,974				

Comment:

TPZ is actual. Noble intentionally moved the TPZ away from the sister section well. The spacing unit did not change.

As drilled GPS was surveyed after conductor was set.

Open Hole Logging Exception: No open hole logs run per rule 317.p. DIL ran on Two E Ranch 1-21C (123-12186).

Spud date in MWD/LWD incorrect. Correct date reported on form.

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 ?			
<u>Attachment Checklist</u>					
402078660	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402078645	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>					
402078635	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402078638	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402078640	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402078642	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402082095	PDF-CEMENT BOND	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)

