

FORM
5Rev
10/14**State of Colorado**
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402170066

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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

Email: stephany.olsen@nblenergy.com

API Number 05-123-47110-00

County: WELD

Well Name: SLW RANCH STATE

Well Number: BB07-668

Location: QtrQtr: Lot 2

Section: 7

Township: 5N

Range: 63W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1573 feet

Direction: FNL

Distance: 800 feet

Direction: FWL

As Drilled Latitude: 40.417010

As Drilled Longitude: -104.485986

GPS Data:

Date of Measurement: 06/28/2019

PDOP Reading: 3.9

GPS Instrument Operator's Name: Toa Sagapolutele

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1457 feet

Direction: FNL

Dist: 403 feet

Direction: FWL

Sec: 7

Twp: 5N

Rng: 63W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1473 feet

Direction: FNL

Dist: 247 feet

Direction: FEL

Sec: 8

Twp: 5N

Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/14/2019

Date TD: 07/22/2019

Date Casing Set or D&A: 07/24/2019

Rig Release Date: 08/03/2019 Per Rule 308A.b.

Well Classification:



Dry



Oil



Gas/Coalbed



Disposal



Stratigraphic



Enhanced Recovery



Storage



Observation

Total Depth MD 16921

TVD** 6535

Plug Back Total Depth MD 16866

TVD** 6535

Elevations GR 4631

KB 4661

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



List Electric Logs Run:

CBL, MWD/LWD, (RES in 123-20499)

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	1,931	645	0	1,931	VISU
1ST	8+1/2	5+1/2	17	0	16,911	1,700	2,434	16,911	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	
PIERRE	405				
PARKMAN	3,491				
SUSSEX	4,041				
SHANNON	4,914				
TEEPEE BUTTES	5,982				
SHARON SPRINGS	6,712				
NIOBRARA	6,779				

Operator Comments:

TPZ is estimated. Actual will be submitted on 5A.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. Resistivity ran on Skurich/SLW #7D (123-20499).

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

Signed: _____

Print Name: Stephany OlsenTitle: Regulatory Analyst

Date: _____

Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402170511	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402193466	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>		
402193453	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402193468	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402193497	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402193505	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402193508	PDF-MWD/LWD	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)

