

FORM
5

Rev
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:

402220825

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 05-123-47405-00 County: WELD
Well Name: SLW RANCH STATE Well Number: BB07-615
Location: QtrQtr: Lot 3 Section: 7 Township: 5N Range: 63W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1666 feet Direction: FSL Distance: 60 feet Direction: FWL
As Drilled Latitude: 40.410730 As Drilled Longitude: -104.488809

GPS Data:

Date of Measurement: 06/28/2019 PDOP Reading: 4.4 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 348 feet Direction: FSL Dist: 390 feet Direction: FWL
Sec: 7 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist: 341 feet Direction: FNL Dist: 250 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) 08/08/2019 Date TD: 08/12/2019 Date Casing Set or D&A: 08/13/2019

Rig Release Date: 09/06/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17059 TVD** 6579 Plug Back Total Depth MD 17045 TVD** 6579

Elevations GR 4617 KB 4647 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MWD/LWD, (RES in 123-19364)

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	1,925	645	0	1,925	VISU
1ST	8+1/2	5+1/2	17	0	17,046	1,722	2,640	17,046	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	389				
PARKMAN	3,479				
SUSSEX	4,031				
SHANNON	4,883				
TEEPEE BUTTES	5,949				
SHARON SPRINGS	6,676				
NIOBRARA	6,739				

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 13-7 (123-19364).

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

Signed: _____

Print Name: Stephany Olsen

Title: Regulatory Analyst

Date: _____

Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402223119	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402223135	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>			
402223133	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402223621	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402229690	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402229691	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402229692	LAS-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)

