

**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:

402221035

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 05-123-47406-00

County: WELD

Well Name: SLW RANCH STATE

Well Number: BB07-621

Location: QtrQtr: Lot 3 Section: 7 Township: 5N Range: 63W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1689 feet Direction: FSL Distance: 60 feet Direction: FWL

As Drilled Latitude: 40.410790 As Drilled Longitude: -104.488808

GPS Data:

Date of Measurement: 02/28/2019 PDOP Reading: 4.4 GPS Instrument Operator's Name: Toa Sagapolutele

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone Dist: 635 feet Direction: FSL Dist: 392 feet Direction: FWL  
Sec: 7 Twp: 5N Rng: 63W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole Dist: 709 feet Direction: FSL 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) 08/08/2019 Date TD: 08/16/2019 Date Casing Set or D&amp;A: 08/17/2019

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 16955 TVD\*\* 6509 Plug Back Total Depth MD 16898 TVD\*\* 6509

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	1,928	655	0	1,928	VISU
1ST	8+1/2	5+1/2	17	0	16,946	1,700	3,192	16,946	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	3,464				
SUSSEX	4,003				
SHANNON	4,841				
TEEPEE BUTTES	5,926				
SHARON SPRINGS	6,638				
NIOBRARA	6,702				

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 OlsenTitle: Regulatory Analyst

Date: \_\_\_\_\_

Email: stephany.olsen@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402223657	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402223713	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>		
402223712	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402223717	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402230507	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402230508	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402230512	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)

