

FORM
5

Rev
02/20

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:

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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: Denverregulatory@nblenergy.com

API Number 05-123-46818-00 County: WELD
Well Name: Hurley Well Number: H35-768
Location: QtrQtr: SENW Section: 26 Township: 3N Range: 65W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2216 feet Direction: FNL Distance: 1344 feet Direction: FWL
As Drilled Latitude: 40.197521 As Drilled Longitude: -104.635411
GPS Data: GPS Quality Value: 2.8 Type of GPS Quality Value: PDOP Date of Measurement: 01/10/2020
GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist: 2294 feet Direction: FSL Dist: 1543 feet Direction: FWL
Sec: 26 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist: 74 feet Direction: FSL Dist: 1533 feet Direction: FWL
Sec: 35 Twp: 3N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 01/19/2020 Date TD: 01/30/2020 Date Casing Set or D&A: 01/31/2020
Rig Release Date: 02/10/2020 Per Rule 308A.b.

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

Total Depth MD 14890 TVD** 6976 Plug Back Total Depth MD 14832 TVD** 6976
Elevations GR 4821 KB 4837 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD/LWD, CBL, (Resistivity 05-123-16384 and 05-123-17931)

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	96	64	0	96	CALC
SURF	13+1/2	9+5/8	36	0	1,917	695	0	1,917	VISU
1ST	8+1/2	5+1/2	17	0	14,881	1,516	2,728	14,881	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	3,923				
SUSSEX	4,190				
SHANNON	5,188				
TEEPEE BUTTES	6,104				
SHARON SPRINGS	6,874				
NIOBRARA	6,984				

Operator Comments:

TPZ is actual

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. RES ran on REGALIA 5-26 (05-123-16384) and MOSER 6-26 (05-123-17931).

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>			
402357894	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402357848	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>			
402357840	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402357851	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402357854	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402357856	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402357873	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)

