

FORM
5Rev
12/20

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:

402634580

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 05-123-50800-00

County: WELD

Well Name: Reveille

Well Number: A34-714

Location: QtrQtr: SWSW

Section: 35

Township: 6N

Range: 64W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 260 feet

Direction: FSL

Distance: 338 feet

Direction: FWL

As Drilled Latitude: 40.436341

As Drilled Longitude: -104.525573

GPS Data: GPS Quality Value: 2.4

Type of GPS Quality Value: PDOP

Date of Measurement: 12/13/2020

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 451 feet

Direction: FSL

Dist: 243 feet

Direction: FEL

Sec: 34

Twp: 6N

Rng: 64W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 207 feet

Direction: FNL

Dist: 241 feet

Direction: FEL

Sec: 27

Twp: 6N

Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/31/2020

Date TD: 01/13/2021

Date Casing Set or D&A: 01/13/2021

Rig Release Date: 01/31/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17015

TVD** 6686

Plug Back Total Depth MD 16948

TVD** 6686

Elevations GR 4649

KB 4679

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, MWD/LWD, (IND in 123-22824)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1243

Fresh Water (bbls): 1098

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1935	646	1935	0	VISU
2ND	8+1/2	5+1/2	P-110C	17	1923	16998	1977	16998	1923	CBL

Bradenhead Pressure Action Threshold 580 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	3,523				
SUSSEX	4,046				
SHANNON	4,851				
TEEPEE BUTTES	5,916				
SHARON SPRINGS	6,637				
NIOBRARA	6,689				

Operator Comments:

TPZ is estimated. Actual will be reported on Form 5A.
As drilled GPS was surveyed after conductor was set.
Alternative Logging Program. No open hole logs ran per rule 317.p. IND ran on Hoffner 14-35 (123-22824)

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

Signed: _____

Print Name: Julie WebbTitle: Sr. Regulatory Analyst

Date: _____

Email: julie.webb@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402639673	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402639671	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>		
402639626	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402639632	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402639646	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402639648	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402639668	DIRECTIONAL DATA	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)