

FORM  
5

Rev  
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
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
\*\* If directional footage at Top of Prod. Zone Dist: 451 feet Direction: FSL Dist: 243 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 207 feet Direction: FNL Dist: 241 feet Direction: FEL
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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
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 Webb

Title: Sr. Regulatory Analyst

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

Email: julie.webb@chevron.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)