

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:
402689447

Date Received:
05/21/2021

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 05-123-17104-00 County: WELD
Well Name: KARCH BLUE D Well Number: 12-11
Location: QtrQtr: NESW Section: 12 Township: 3N Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL
As Drilled Latitude: 40.238169 As Drilled Longitude: -104.501560
GPS Data: GPS Quality Value: 4.0 Type of GPS Quality Value: PDOP Date of Measurement: 07/01/2009
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 59720

Spud Date: (when the 1st bit hit the dirt) 06/29/1993 Date TD: 07/04/1993 Date Casing Set or D&A: 04/07/1993
Rig Release Date: 07/04/1993 Per Rule 308A.b.

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

Total Depth MD 7005 TVD** _____ Plug Back Total Depth MD 6928 TVD** _____
Elevations GR 4731 KB 4744 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 0 Fresh Water (bbls): 0
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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
SURF	12+1/4	8+5/8	na	23	0	565	400	565	0	VISU
1ST	7+7/8	2+7/8	N-80	6.5	0	6957	250	6957	6116	CBL

Bradenhead Pressure Action Threshold 170 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: 05/12/2006

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		251	1,060	2,378
	1ST		120	3,768	4,819

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	

Operator Comments:

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: 5/21/2021 Email: julie.webb@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
402689447	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402692422	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402697039	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Passed engineering review	06/02/2021
Permit	Removed old operations summary attachment. Permitting review complete.	06/01/2021
Permit	Attached operations summary has no identifying information for the well on it. Return to draft for corrected file.	05/19/2021

Total: 3 comment(s)