

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:

402839679

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: Mosiah Montoya

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4200

Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-50926-00

County: WELD

Well Name: Rampart

Well Number: A33-760

Location: QtrQtr: SWSW Section: 21 Township: 6N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 652 feet Direction: FSL Distance: 982 feet Direction: FWL

As Drilled Latitude: 40.466052 As Drilled Longitude: -104.561085

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 03/30/2021

** If directional footage at Top of Prod. Zone Dist: 439 feet Direction: FNL Dist: 2022 feet Direction: FWL
Sec: 28 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist: 462 feet Direction: FSL Dist: 2046 feet Direction: FWL
Sec: 33 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) 07/29/2021 Date TD: 08/06/2021 Date Casing Set or D&A: 08/08/2021

Rig Release Date: 08/25/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16915 TVD** 6803 Plug Back Total Depth MD 19858 TVD** 16915

Elevations GR 4726 KB 4756

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, LWD/MWD, (IND in 05-123-19571), (IND in 05-123-11701)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1496 Fresh Water (bbls): 1351

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	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1949	641	1949	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	16904	1967	16904	2572	CBL

Bradenhead Pressure Action Threshold 585 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	3,658				
SUSSEX	4,205				
SHANNON	5,068				
TEEPEE BUTTES	6,186				
SHARON SPRINGS	6,785				
NIOBRARA	6,863				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on the form 5A.
As drilled GPS was surveyed after conductor was set.
Alternative logging program: No open hole logs run per rule 408.r. IND log ran on Wells Trust 13-21 (05-123-19571) and Danley 1 (05-123-11701)

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 ?
<u>Attachment Checklist</u>		
402846177	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402842876	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>		
402842879	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402842884	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402842886	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402842888	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402842889	PDF-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)