

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:

402866737

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: <u>100322</u>	Contact Name: <u>Mosiah Montoya</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4200</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>denverregulatory@chevron.onmicrosoft.com</u>

API Number <u>05-123-50932-00</u>	County: <u>WELD</u>
Well Name: <u>Rampart</u>	Well Number: <u>A33-790</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>20</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>470</u> feet Direction: <u>FSL</u> Distance: <u>1414</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.465520</u> As Drilled Longitude: <u>-104.569697</u>	
GPS Data: GPS Quality Value: <u>2.2</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>08/26/2021</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>444</u> feet Direction: <u>FNL</u> Dist: <u>7</u> feet Direction: <u>FEL</u>	
Sec: <u>29</u> Twp: <u>4N</u> Rng: <u>64W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>460</u> feet Direction: <u>FSL</u> Dist: <u>9</u> feet Direction: <u>FWL</u>	
Sec: <u>33</u> Twp: <u>4N</u> Rng: <u>64W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 08/30/2021 Date TD: 09/21/2021 Date Casing Set or D&A: 09/22/2021
Rig Release Date: 09/27/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17064 TVD** 6854 Plug Back Total Depth MD 17009 TVD** 6854

Elevations GR 4707 KB 4737 **Digital Copies of ALL Logs must be Attached**

List All Logs Run:

CBL, MWD/LWD, (IND in 123-19571 and IND in 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): 1568 Fresh Water (bbls): 1423

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	A52A	36.94	0	110	64	110	0	VISU
SURF	13+1/2	8+5/8	J-55	36	0	1914	651	1914	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17055	1988	17055	2103	CBL

Bradenhead Pressure Action Threshold 574 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	
TEEPEE BUTTES	3,670				
PARKMAN	4,166				
SUSSEX	5,031				
SHANNON	6,208				
SHARON SPRINGS	6,838				
NIOBRARA	6,882				

Operator Comments:

As drilled GPS was surveyed after conductor was set.
 TPZ is estimated, actual TPZ will be submitted on the form 5A.
 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 ?	
Attachment Checklist			
402867258	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402867192	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"/>
Other Attachments			
402867173	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402867177	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402867179	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402867181	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402867203	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)