

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:

402866689

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 05-123-50930-00

County: WELD

Well Name: Rampart

Well Number: A32-739

Location: QtrQtr: SWSE Section: 20 Township: 6N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 403 feet Direction: FSL Distance: 1414 feet Direction: FEL

As Drilled Latitude: 40.465339 As Drilled Longitude: -104.569699

GPS Data: GPS Quality Value: 3.2 Type of GPS Quality Value: PDOP Date of Measurement: 08/26/2021

** If directional footage at Top of Prod. Zone Dist: 467 feet Direction: FNL Dist: 1973 feet Direction: FEL
Sec: 29 Twp: 6N Rng: 64W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 467 feet Direction: FSL Dist: 1908 feet Direction: FEL
Sec: 32 Twp: 6N Rng: 64W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/01/2021 Date TD: 09/09/2021 Date Casing Set or D&A: 09/10/2021

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 16912 TVD** 6799 Plug Back Total Depth MD 16855 TVD** 6799

Elevations GR 4706 KB 4736

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): 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+5/6	J-55	36	0	1931	650	1931	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	16901	1965	16901	1873	CBL

Bradenhead Pressure Action Threshold 579 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	3,554				
SUSSEX	4,129				
SHANNON	4,966				
TEEPEE BUTTES	6,035				
SHARON SPRINGS	6,688				
NIOBRARA	6,736				

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 ?
<u>Attachment Checklist</u>		
402866727	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402866725	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>		
402866718	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402866719	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402866720	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402866721	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402866726	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)