

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:
403355482

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: 2001 16TH STREET SUITE 900 Fax: _____
City: DENVER State: CO Zip: 80202 Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-48927-00 County: WELD
Well Name: Booth Well Number: C35-750
Location: QtrQtr: NWNE Section: 2 Township: 3N Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 441 feet Direction: FNL Distance: 1806 feet Direction: FEL
As Drilled Latitude: 40.260540 As Drilled Longitude: -104.515307
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/12/2022
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 202 feet Direction: FSL Dist: 2318 feet Direction: FEL
Sec: 35 Twp: 4N Rng: 64W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2430 feet Direction: FSL Dist: 2328 feet Direction: FEL
Sec: 23 Twp: 4N Rng: 64W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/10/2023 Date TD: 01/18/2023 Date Casing Set or D&A: 01/20/2023
Rig Release Date: 02/06/2023 Per Rule 308A.b.

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

Total Depth MD 19930 TVD** 6665 Plug Back Total Depth MD 19896 TVD** 6666
Elevations GR 4721 KB 4750 **Digital Copies of ALL Logs must be Attached**

List All Logs Run:
CBL, MWD/LWD, (IND in 123-22182)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1849 Fresh Water (bbls): 1704
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	109	64	109	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1949	717	1949	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	19915	2294	19915	910	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	3,662				
SUSSEX	4,053				
SHANNON	4,884				
TEEPEE BUTTES	5,889				
SHARON SPRINGS	6,611				
NIOBRARA	6,691				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.

As drilled GPS was surveyed after conductor was set.

Alternative logging Program: No open hole logs were ran per rule 408.r IND log ran on Kern D 2-2JI (123-22182).

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			
403355526	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403359449	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			
403359445	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403359455	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403359460	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403359469	LAS-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)