

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:

403400575

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

API Number <u>05-123-51838-00</u>	County: <u>WELD</u>
Well Name: <u>GIG-EM STATE</u>	Well Number: <u>Y9-719</u>
Location: QtrQtr: <u>NENE</u> Section: <u>16</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>595</u> feet Direction: <u>FNL</u> Distance: <u>952</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.144108</u> As Drilled Longitude: <u>-104.550405</u>	
GPS Data: GPS Quality Value: <u>1.9</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/04/2023</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>136</u> feet Direction: <u>FSL</u> Dist: <u>587</u> feet Direction: <u>FEL</u>	
Sec: <u>9</u> Twp: <u>2N</u> Rng: <u>64W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>411</u> feet Direction: <u>FNL</u> Dist: <u>604</u> feet Direction: <u>FEL</u>	
Sec: <u>4</u> Twp: <u>2N</u> Rng: <u>64W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: <u>OG 70/7879-S</u>	

Spud Date: (when the 1st bit hit the dirt) 03/05/2023 Date TD: 03/22/2023 Date Casing Set or D&A: 03/23/2023
 Rig Release Date: 03/24/2023 Per Rule 308A.b.

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

Total Depth MD <u>17315</u> TVD** <u>6962</u> Plug Back Total Depth MD <u>17281</u> TVD** <u>6962</u>
Elevations GR <u>4943</u> KB <u>4972</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/>

List All Logs Run:
CBL, MWD/LWD, (RES in 123-45235)

FLUID VOLUMES USED IN DRILLING OPERATIONS
 (Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1750 Fresh Water (bbls): 1605
 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	2059	548	2059	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17300	1952	17300	1081	CBL

Bradenhead Pressure Action Threshold 618 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	3,908				
SUSSEX	4,250				
SHANNON	5,063				
TEEPEE BUTTES	6,172				
SHARON SPRINGS	6,852				
NIOBRARA	6,926				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.
 BPZ will be provided on Form 5A once the well is completed.
 As drilled GPS was surveyed after conductor was set.
 Alternative logging Program: No open hole logs were ran per rule 408.r RES log ran on HULLABALOO STATE Y21-746 (123-45235).

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>			
403404327	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403400736	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>			
403400685	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403400722	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403400726	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403400747	PDF-CEMENT BOND	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)