

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402900187

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 05-123-51330-00

County: WELD

Well Name: Roth

Well Number: A32-760

Location: QtrQtr: NENE Section: 30 Township: 6N Range: 64W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1017 feet Direction: FNL Distance: 270 feet Direction: FEL

As Drilled Latitude: 40.461442 As Drilled Longitude: -104.584664

GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 09/07/2021

FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 434 feet Direction: FNL Dist: 1994 feet Direction: FWL  
Sec: 29 Twp: 6N Rng: 64WFNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 461 feet Direction: FSL Dist: 2013 feet Direction: FWL  
Sec: 32 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) 10/01/2021 Date TD: 10/31/2021 Date Casing Set or D&amp;A: 11/02/2021

Rig Release Date: 11/02/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17605 TVD\*\* 6811 Plug Back Total Depth MD 17550 TVD\*\* 6811

Elevations GR 4697 KB 4727

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, (IND in 123-32719), (IND in 123-19343)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1580 Fresh Water (bbls): 1435

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	1930	673	1930	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17594	2057	17594	2112	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	
PIERRE	448				
PARKMAN	3,767				
SUSSEX	4,428				
SHANNON	5,310				
TEEPEE BUTTES	6,588				
SHARON SPRINGS	7,421				
NIOBRARA	7,477				

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 Roth A 30-17 (05-123-32719) and IND Andy 29-2 (05-123-19343)

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>			
402900204	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402900205	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>			
402900206	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900221	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900223	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900225	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900231	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>
Permit	Return to DRAFT - per operator request	08/16/2023

Total: 1 comment(s)