

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

402900081

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 05-123-51331-00

County: WELD

Well Name: Roth

Well Number: A31-730

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

Footage at surface: Distance: 904 feet Direction: FNL Distance: 270 feet Direction: FEL

As Drilled Latitude: 40.461739 As Drilled Longitude: -104.584668

GPS Data: GPS Quality Value: 2.7 Type of GPS Quality Value: PDOP Date of Measurement: 09/17/2021

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 477 feet Direction: FNL Dist: 1304 feet Direction: FEL
Sec: 30 Twp: 6N Rng: 64WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 461 feet Direction: FSL Dist: 1307 feet Direction: FEL
Sec: 31 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) 10/04/2021 Date TD: 10/08/2021 Date Casing Set or D&A: 10/09/2021

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 17204 TVD** 6854 Plug Back Total Depth MD 17149 TVD** 6854

Elevations GR 4698 KB 4728 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD/LWD, NEU, (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): 1543 Fresh Water (bbls): 1398

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	110	64	110	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1944	675	1944	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17193	2007	17193	1942	CBL

Bradenhead Pressure Action Threshold 583 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	452				
PARKMAN	3,734				
SUSSEX	4,233				
SHANNON	5,050				
TEEPEE BUTTES	6,177				
SHARON SPRINGS	6,938				
NIOBRARA	6,982				

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 WebbTitle: Sr. Regulatory Analyst Date: _____ Email: julie.webb@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402900180	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402900165	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>			
402900148	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900152	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900154	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900156	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900157	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900159	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402900167	DIRECTIONAL DATA	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)