

FORM
5

Rev
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:

403623687

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: Randy Thweatt
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4000
Address: 2001 16TH STREET SUITE 900 Fax:
City: DENVER State: CO Zip: 80202 Email: DenverRegulatory@chevron.onmicroso
ft.com

API Number 05-123-52160-00 County: WELD
Well Name: Foose State Well Number: A17-647
Location: QtrQtr: NESE Section: 18 Township: 6N Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2349 feet Direction: FSL Distance: 799 feet Direction: FEL
As Drilled Latitude: 40.485163 As Drilled Longitude: -104.586608
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/05/2023
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2408 feet Direction: FSL Dist: 201 feet Direction: FEL
Sec: 17 Twp: 6N Rng: 64W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2437 feet Direction: FSL Dist: 202 feet Direction: FEL
Sec: 16 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) 10/22/2023 Date TD: 11/10/2023 Date Casing Set or D&A: 11/11/2023
Rig Release Date: 11/28/2023 Per Rule 308A.b.

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

Total Depth MD 17342 TVD** 6783 Plug Back Total Depth MD 17309 TVD** 6783
Elevations GR 4704 KB 4733 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, (RES in 123-52159, RES in 123-52163)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1082 Fresh Water (bbls): 937
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	X-56	45	0	109	64	109	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1910	671	1910	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17328	2056	17328	1014	CBL

Bradenhead Pressure Action Threshold 573 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	3,599				
SUSSEX	4,156				
SHANNON	5,061				
TEEPEE BUTTES	6,003				
SHARON SPRINGS	6,753				
NIOBRARA	6,799				

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 RES log ran on FOOSE STATE A17-656 (123-52159) & FOOSE STATE A17-618 (123-52163).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kim Bauer

Title: Regulatory Analyst II

Date: _____

Email: kimberlybauer@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403623696	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403645783	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>			
403645780	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403645781	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403645793	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403645807	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403645820	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>
		Stamp Upon Approval

Total: 0 comment(s)