

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:

403621600

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 05-123-52156-00 County: WELD
Well Name: Foose State Well Number: A17-685
Location: QtrQtr: NESE Section: 18 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 2352 feet Direction: FSL Distance: 949 feet Direction: FEL
As Drilled Latitude: 40.485163 As Drilled Longitude: -104.587147
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 10/05/2023
** If directional footage at Top of Prod. Zone Dist: 340 feet Direction: FNL Dist: 202 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 366 feet Direction: FNL Dist: 201 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/24/2023 Date TD: 11/25/2023 Date Casing Set or D&A: 11/27/2023
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 18088 TVD** 6786 Plug Back Total Depth MD 18053 TVD** 6786
Elevations GR 4702 KB 4731 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 type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1131 Fresh Water (bbls): 986

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	X-56	45	0	109	64	109	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1959	671	1959	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	18072	2158	18072	954	CBL

Bradenhead Pressure Action Threshold 588 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	3,724				
SUSSEX	4,382				
SHANNON	5,815				
TEEPEE BUTTES	6,703				
SHARON SPRINGS	7,427				
NIOBRARA	7,479				

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>			
403621702	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403644943	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"/>
403644980	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
403644910	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403644914	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403644921	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403644936	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403644944	DIRECTIONAL DATA	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)