

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:

403730181

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: 1099 18TH STREET SUITE 1500 Fax:
City: DENVER State: CO Zip: 80202 Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-52072-00 County: WELD
Well Name: Bishop Well Number: A18-733
Location: QtrQtr: NENE Section: 7 Township: 6N Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 859 feet Direction: FNL Distance: 507 feet Direction: FEL
As Drilled Latitude: 40.505392 As Drilled Longitude: -104.585502
GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 12/19/2023
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 224 feet Direction: FNL Dist: 1486 feet Direction: FEL
Sec: 7 Twp: 6N Rng: 64W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 200 feet Direction: FSL Dist: 1555 feet Direction: FEL
Sec: 18 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) 12/24/2023 Date TD: 01/08/2024 Date Casing Set or D&A: 01/09/2024
Rig Release Date: 02/03/2024 Per Rule 308A.b.

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

Total Depth MD 17623 TVD** 6868 Plug Back Total Depth MD 17590 TVD** 6868
Elevations GR 4740 KB 4769 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, (IND-GR in 123-20669, IND-GR in 123-27380 & IND-GR in 123-13959)

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

Total Fluids (bbls): 1617 Fresh Water (bbls): 1472
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	2069	708	2069	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17609	2097	17609	825	CBL

Bradenhead Pressure Action Threshold 621 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	3,756				
SUSSEX	4,526				
SHANNON	5,156				
TEEPEE BUTTES	6,315				
SHARON SPRINGS	7,006				
NIOBRARA	7,046				

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. IND-GR log ran on Dyer 41-7 (123-20669), IND-GR log ran on Francis 21-8 (123-27380) & IND-GR log ran on Dyer 42-7 (123-13959)

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>			
403732385	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403732873	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>			
403732876	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403741872	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403741873	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403741875	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403741877	LAS-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)