

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:

403742835

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

ECMC 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.onmicroso
ft.com

API Number 05-123-52070-00 County: WELD
Well Name: Bishop Well Number: A05-755
Location: QtrQtr: NENE Section: 7 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1012 feet Direction: FNL Distance: 373 feet Direction: FEL
As Drilled Latitude: 40.504974 As Drilled Longitude: -104.585038
GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 12/19/2023
\*\* If directional footage at Top of Prod. Zone Dist: 268 feet Direction: FNL Dist: 2333 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 202 feet Direction: FNL Dist: 2210 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/09/2024 Date TD: 03/13/2024 Date Casing Set or D&A: 03/14/2024
Rig Release Date: 03/15/2024 Per Rule 308A.b.

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

Total Depth MD 17867 TVD\*\* 6895 Plug Back Total Depth MD 17852 TVD\*\* 6895
Elevations GR 4745 KB 4774 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): 1473 Fresh Water (bbls): 1328
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	2108	722	2108	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17859	2124	17859	826	CBL

Bradenhead Pressure Action Threshold 632 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 ECMC)
	Top	Bottom	DST	Cored	
FOX HILLS	405				
PARKMAN	3,939				
SUSSEX	4,555				
SHANNON	5,425				
TEEPEE BUTTES	6,344				
SHARON SPRINGS	7,314				
NIOBRARA	7,355				

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), FRANCIS 21-8 (123-27380) and 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 LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403742840	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403778570	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"/>
<b><u>Other Attachments</u></b>			
403778569	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403778572	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403778573	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403778574	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403778579	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)