

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:

403768107

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.onmicrosoft.com

API Number 05-123-52064-00 County: WELD
Well Name: Bishop Well Number: A06-731
Location: QtrQtr: NENE Section: 7 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1009 feet Direction: FNL Distance: 508 feet Direction: FEL
GPS Data: GPS Quality Value: 2.3 Type of GPS Quality Value: PDOP Date of Measurement: 12/19/2023
** If directional footage at Top of Prod. Zone Dist: 202 feet Direction: FSL Dist: 1375 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 201 feet Direction: FNL Dist: 1465 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/05/2024 Date TD: 02/18/2024 Date Casing Set or D&A: 02/19/2024
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 17564 TVD** 6909 Plug Back Total Depth MD 17533 TVD** 6909
Elevations GR 4743 KB 4772 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): 1746 Fresh Water (bbls): 1601
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 | P-110 | 36 | 0 | 2051 | 722 | 2051 | 0 | CBL |
| 1ST | 8+1/2 | 5+1/2 | J-55 | 17 | 0 | 17552 | 2080 | 17552 | 991 | VISU |

Bradenhead Pressure Action Threshold 615 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 | 417 | | | | |
| PARKMAN | 3,714 | | | | |
| SUSSEX | 4,300 | | | | |
| SHANNON | 5,096 | | | | |
| TEEPEE BUTTES | 5,945 | | | | |
| SHARON SPRINGS | 6,870 | | | | |
| NIOBRARA | 6,911 | | | | |

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 LIST

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 403768442 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403778948 | 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"/> |
| 403787511 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 403778951 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403787798 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403787804 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403787805 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403789922 | PDF-CBL 2ND RUN | 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)