

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:

403879052

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 05-123-48847-00 County: WELD  
Well Name: BEEBE DRAW FEDERAL Well Number: H15-764  
Location: QtrQtr: SESW Section: 3 Township: 3N Range: 65W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 226 feet Direction: FSL Distance: 1764 feet Direction: FWL  
As Drilled Latitude: 40.247724 As Drilled Longitude: -104.652509  
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 05/01/2024  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 203 feet Direction: FNL Dist: 1664 feet Direction: FWL  
Sec: 10 Twp: 3N Rng: 65W  
FNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 2422 feet Direction: FSL Dist: 1705 feet Direction: FWL  
Sec: 15 Twp: 3N Rng: 65W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/31/2024 Date TD: 06/11/2024 Date Casing Set or D&A: 06/11/2024  
Rig Release Date: 06/15/2024 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 15301 TVD\*\* 7009 Plug Back Total Depth MD 15288 TVD\*\* 7009

Elevations GR 4804 KB 4829 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD/LWD, (RES in 123-48846, IND in 123-23220, IND in 123-16913)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1949 Fresh Water (bbls): 1804

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	105	64	105	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1929	809	1929	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	15295	1753	15295	1326	CBL

Bradenhead Pressure Action Threshold 579 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	
PARKMAN	3,755				
SUSSEX	4,195				
SHANNON	4,914				
TEEPEE BUTTES	6,154				
SHARON SPRINGS	6,861				
NIOBRARA	6,938				

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 Beebe Draw Federal H15-774 (05-123-48846 and IND logs ran on BB DRAW H #3-14JI (05-123-23220) and FEDERAL #11-10 (05-123-16913).

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>			
403880127	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403880131	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>			
403880186	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403880296	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403880302	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403886119	PDF-CEMENT BOND	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)