

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:

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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 05-123-49230-00 County: WELD
Well Name: BEEBE DRAW FEDERAL Well Number: H15-725
Location: QtrQtr: NWSE Section: 3 Township: 3N Range: 65W Meridian: 6
Footage at surface: Distance: 1403 feet Direction: FSL Distance: 2574 feet Direction: FEL
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 06/07/2024
** If directional footage at Top of Prod. Zone Dist: 203 feet Direction: FNL Dist: 983 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 711 feet Direction: FNL Dist: 1016 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/18/2024 Date TD: 06/25/2024 Date Casing Set or D&A: 06/25/2024
Rig Release Date: 07/01/2024 Per Rule 308A.b.

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

Total Depth MD 13552 TVD** 6979 Plug Back Total Depth MD 13535 TVD** 6979
Elevations GR 4783 KB 4808 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, (RES in 123-49228)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1720 Fresh Water (bbls): 1575
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	1930	832	1930	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	13542	1585	13542	945	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	3,813				
SUSSEX	4,289				
SHANNON	5,102				
TEEPEE BUTTES	6,461				
SHARON SPRINGS	7,178				
NIOBRARA	7,253				

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 H15-715 (05-123-49228)

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>			
403890250	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403896578	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>			
403890265	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403890266	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403890269	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403898976	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)