

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:

403355390

Date Received:

04/04/2023

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) 228-4200
Address: 1099 18TH STREET SUITE 1500 Fax:
City: DENVER State: CO Zip: 80202 Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-48926-00 County: WELD
Well Name: Booth Well Number: C35-735
Location: QtrQtr: NWNE Section: 2 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 441 feet Direction: FNL Distance: 1761 feet Direction: FEL
GPS Data: GPS Quality Value: 3.9 Type of GPS Quality Value: PDOP Date of Measurement: 12/12/2022
** If directional footage at Top of Prod. Zone Dist: 211 feet Direction: FSL Dist: 1024 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 2429 feet Direction: FSL Dist: 1004 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/12/2023 Date TD: 01/29/2023 Date Casing Set or D&A: 01/30/2023
Rig Release Date: 02/06/2023 Per Rule 308A.b.

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

Total Depth MD 19930 TVD** 6746 Plug Back Total Depth MD 19896 TVD** 6747
Elevations GR 4722 KB 4751 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, (IND in 123-22182)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 2225 Fresh Water (bbls): 2080
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	A-52A	36.94	0	109	64	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1957	717	1957	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	19916	1998	19916	825	CBL

Bradenhead Pressure Action Threshold 587 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	3,659				
SUSSEX	4,060				
SHANNON	4,889				
TEEPEE BUTTES	5,903				
SHARON SPRINGS	6,630				
NIOBRARA	6,719				

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 log ran on Kern D 2-2JI (123-22182).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Julie Webb

Title: Sr. Regulatory Analyst

Date: 4/4/2023

Email: julie.webb@chevron.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403355441	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403362107	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403355419	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>			
403355390	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403355416	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403355426	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403355439	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403359495	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>
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	11/07/2024

Total: 1 comment(s)