

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403544251

Date Received:

10/24/2023

## 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) 228-4000

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER State: CO Zip: 80202

Email: DenverRegulatory@chevron.onmicroso  
ft.com

API Number 05-123-49057-00

County: WELD

Well Name: Shelton

Well Number: H03-675

Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 65W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 342 feet Direction: FNL Distance: 386 feet Direction: FWL

As Drilled Latitude: 40.260567 As Drilled Longitude: -104.619524

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 07/21/2023

FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 1008 feet Direction: FNL Dist: 202 feet Direction: FEL  
Sec: 2 Twp: 3N Rng: 65WFNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 1000 feet Direction: FNL Dist: 410 feet Direction: FWL  
Sec: 3 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) 08/14/2023 Date TD: 08/22/2023 Date Casing Set or D&amp;A: 08/23/2023

Rig Release Date: 08/27/2023 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 17355 TVD\*\* 7040 Plug Back Total Depth MD 17327 TVD\*\* 7040

Elevations GR 4824 KB 4853

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, (IND-GR in 123-16772)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1085 Fresh Water (bbls): 940

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	1920	707	1920	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17346	2056	17346	940	CBL

Bradenhead Pressure Action Threshold 576 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	3,859				
SUSSEX	4,246				
SHANNON	4,998				
TEEPEE BUTTES	6,038				
SHARON SPRINGS	6,826				
NIOBRARA	6,890				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.

BPZ will be provided on Form 5A once the well is completed.

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 HSR HARTMAN 4-1 (123-16772).

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

Signed: \_\_\_\_\_ Print Name: Kim BauerTitle: Regulatory Analyst II Date: 10/24/2023 Email: kimberlybauer@chevron.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403544256	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403544259	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403559089	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"/>
403560111	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
403544251	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403559079	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403559085	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403559100	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403561373	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Revised the TOC for the First String from 816', to 940', to agree with the CBL attached to this form.	12/17/2024
Permit	Permit review complete - Passed Task	12/16/2024

Total: 2 comment(s)