

DRILLING COMPLETION REPORT

Document Number:
401525685

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: LOGAN BOUGHAL
 Name of Operator: NOBLE ENERGY INC Phone: (832) 6397447
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-45372-00 County: WELD
 Well Name: Bison Ridge Well Number: Y22-771
 Location: QtrQtr: NESW Section: 10 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 2230 feet Direction: FSL Distance: 2055 feet Direction: FWL
 As Drilled Latitude: 40.151836 As Drilled Longitude: -104.539726

GPS Data:
 Date of Measurement: 11/06/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2105 feet. Direction: FSL Dist.: 1238 feet. Direction: FWL
 Sec: 10 Twp: 2N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 2640 feet. Direction: FSL Dist.: 1233 feet. Direction: FWL
 Sec: 22 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/19/2017 Date TD: 12/22/2017 Date Casing Set or D&A: 12/23/2017
 Rig Release Date: 01/04/2018 Per Rule 308A.b.

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

Total Depth MD 17095 TVD** 6880 Plug Back Total Depth MD 17025 TVD** 6880
 Elevations GR 4931 KB 4961 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL. NO OPEN HOLE LOGS RUN.

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	2,033	705	0	2,033	VISU
1ST	8+1/2	5+1/2	20	0	17,025	1,879	1,797	17,025	CBL

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 COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,928				
SUSSEX	4,278				
SHANNON	5,100				
SHARON SPRINGS	6,099				
TEEPEE BUTTES	6,979				
NIOBRARA	6,997				

Comment:

TPZ IS ESTIMATED. ACTUAL TPZ WILL BE RECORD ON FORM 5A POST COMPLETION.

GPS WAS MEASURED AT CONDUCTOR CASING PRIOR TO RIG ARRIVAL.

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

Signed: _____

Print Name: Logan Boughal

Title: Regulatory Analyst II

Date: _____

Email: logan.boughal@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401535724	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401535729	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"/>
Other Attachments			
401535730	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401535732	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401657747	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401657748	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401657750	DIRECTIONAL DATA	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)