

DRILLING COMPLETION REPORT

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.

Document Number:
401565756

Date Received:

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 05-123-45235-00 County: WELD

Well Name: Hullabaloo State Well Number: Y21-746

Location: QtrQtr: NENE Section: 16 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 445 feet Direction: FNL Distance: 1005 feet Direction: FEL

As Drilled Latitude: 40.144529 As Drilled Longitude: -104.550583

GPS Data:
Date of Measurement: 09/19/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 960 feet. Direction: FNL Dist.: 2388 feet. Direction: FEL
Sec: 16 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 91 feet. Direction: FSL Dist.: 2393 feet. Direction: FEL
Sec: 21 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: 70/7879-S

Spud Date: (when the 1st bit hit the dirt) 09/25/2017 Date TD: 09/29/2017 Date Casing Set or D&A: 09/30/2017

Rig Release Date: 10/19/2017 Per Rule 308A.b.

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

Total Depth MD 17204 TVD** 6980 Plug Back Total Depth MD 17145 TVD** 6980

Elevations GR 4944 KB 4974 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, RESISTIVITY

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	40.09	0	110	64	0	110	VISU
SURF	13+1/2	9+5/8	36	0	2,022	710	0	2,022	VISU
1ST	8+1/2	5+1/2	20	0	17,194	1,607	1,872	17,194	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	3,996				
SUSSEX	4,350				
SHANNON	5,133				
TEEPEE BUTTES	6,282				
SHARON SPRINGS	7,037				
NIOBRARA	7,144				

Comment:

TPZ is actual

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			
401838943	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401570908	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			
401570906	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838917	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838919	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838920	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838921	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838923	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838927	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401838929	PDF-RESISTIVITY	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)

