

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:
401794046

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 05-123-46971-00 County: WELD

Well Name: Emmy State Well Number: H25-731

Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 285 feet Direction: FSL Distance: 1760 feet Direction: FEL

As Drilled Latitude: 40.189675 As Drilled Longitude: -104.609117

GPS Data:
Date of Measurement: 08/27/2018 PDOP Reading: 2.8 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 75 feet. Direction: FSL Dist.: 1450 feet. Direction: FEL
Sec: 25 Twp: 3n Rng: 65w

** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 1395 feet. Direction: FEL
Sec: 24 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) 09/21/2018 Date TD: 09/25/2018 Date Casing Set or D&A: 09/26/2018

Rig Release Date: 10/07/2018 Per Rule 308A.b.

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

Total Depth MD 17293 TVD** 6899 Plug Back Total Depth MD 17292 TVD** 6899

Elevations GR 4804 KB 4834 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GAMMA. NO OPENHOLE RESISTIVITY LOG RUN. CASED HOLE PULSED NEUTRON LOG RUN ON EMMY STATE H25-744 (123-46970).

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	VISU
SURF	13+1/2	9+5/8	36	0	1,947	675	0	1,947	CALC
1ST	8+1/2	5+1/2	20	0	17,293	1,870	3,019	17,293	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	
FOX HILLS	624				
PIERRE	788				
PARKMAN	3,808				
SUSSEX	4,188				
TEEPEE BUTTES	6,103				
NIOBRARA	6,881				

Comment:

NO OPENHOLE RESISTIVITY LOG RUN. CASED HOLE PULSED NEUTRON LOG RUN ON EMMY STATE H25-744 (123-46970). APPROVED APD HAD BMP REQUIRING ONE WELL ON PAD TO BE LOGGED WITH OPENHOLE CASE HOLE PULSE NEUTRON LOG WITH GAMMA.

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			
401794048	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401855766	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			
401855743	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855746	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855748	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855752	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855764	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)

