

FORM  
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Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402376876

Date Received:

## 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

OGCC Operator Number: 100322 Contact Name: Craig Richardson  
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232  
Address: 1001 NOBLE ENERGY WAY Fax: \_\_\_\_\_  
City: HOUSTON State: TX Zip: 77070 Email: Denverregulatory@nblenergy.com

API Number 05-123-46979-00 County: WELD  
Well Name: Emmy State Well Number: H36-766  
Location: QtrQtr: SESW Section: 25 Township: 3N Range: 65W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 435 feet Direction: FSL Distance: 1230 feet Direction: FWL  
As Drilled Latitude: 40.190091 As Drilled Longitude: -104.616841  
GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 02/11/2020  
GPS Instrument Operator's Name: Toa Sagapolutele  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 212 feet Direction: FNL Dist: 1562 feet Direction: FWL  
Sec: 36 Twp: 3N Rng: 65W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 536 feet Direction: FSL Dist: 1542 feet Direction: FWL  
Sec: 36 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) 02/15/2020 Date TD: 02/23/2020 Date Casing Set or D&A: 02/24/2020  
Rig Release Date: 03/03/2020 Per Rule 308A.b.

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

Total Depth MD 11958 TVD\*\* 6971 Plug Back Total Depth MD 11896 TVD\*\* 6971  
Elevations GR 4817 KB 4833 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, MWD/LWD, (RES in 123-46984)

Empty box for additional notes or comments.

### 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	96	64	0	96	CALC
SURF	13+1/2	9+5/8	36	0	1,936	664	0	1,936	VISU
1ST	8+1/2	4+1/2	17	0	11,943	1,183	2,744	11,943	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	3,809				
SUSSEX	4,159				
SHANNON	5,174				
TEEPEE BUTTES	6,088				
SHARON SPRINGS	6,804				
NIOBRARA	6,887				

Operator Comments:

TPZ is actual

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. RES ran on Emmy State H36-773 (05-123-46984).

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: \_\_\_\_\_

Email: julie.webb@nblenergy.com \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402378492	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402378497	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"/>
<b>Other Attachments</b>			
402378493	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402378494	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402378495	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402378496	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402378498	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)

