

FORM
5

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:

402373932

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: <u>100322</u>	Contact Name: <u>Craig Richardson</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4232</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>Denverregulatory@nblenergy.com</u>

API Number <u>05-123-09505-00</u>	County: <u>WELD</u>
Well Name: <u>PERKINS USX Y</u>	Well Number: <u>7-17</u>
Location: QtrQtr: <u>CNE</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1320</u> feet Direction: <u>FNL</u> Distance: <u>1320</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.156409</u> As Drilled Longitude: <u>-104.589381</u>	
GPS Data: GPS Quality Value: <u>2.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>03/26/2007</u>	
GPS Instrument Operator's Name: <u>Paul Tappy</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/13/1978 Date TD: 06/23/1978 Date Casing Set or D&A: 06/23/1978

Rig Release Date: 06/23/1978 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>7730</u> TVD** _____	Plug Back Total Depth MD <u>7671</u> TVD** _____
Elevations GR <u>4868</u> KB <u>4878</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:

RBL

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
SURF	12+1/4	8+5/8	24	0	249	250	0	249	CALC
1ST	7+7/8	4+1/2	10.5	0	7,720	200	6,200	7,720	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/27/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,010	40	1,010	1,746
SQUEEZE	1ST	850	81	850	971
SQUEEZE	1ST	770	119	752	840

Details of work:

3/16/2020: 40 sks, perf @1010' cement from 1010'-1600' (annulus), 1682'-1746' (annulus) 1485'-1746' (excess in casing)
 3/24/2020: 119 sks perf 770' cement from 770'-840' (annulus)
 3/27/2020: 81 sks perf at 850' and 970' for CICR at 945'. 17 sks on CICR from 863' to 971', 62 sks through CICR from 850' to 970'

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	

Operator Comments:

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 ?	
<u>Attachment Checklist</u>			
402410691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<u>Other Attachments</u>			
402407389	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402407390	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402407392	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402410684	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402410690	WELLBORE DIAGRAM	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)

