

FORM  
5Rev  
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: 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@nbleenergy.com

API Number 05-123-09505-00

County: WELD

Well Name: PERKINS USX Y

Well Number: 7-17

Location: QtrQtr: CNE Section: 7 Township: 2N Range: 64W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1320 feet Direction: FEL

As Drilled Latitude: 40.156409 As Drilled Longitude: -104.589381

GPS Data: GPS Quality Value: 2.5 Type of GPS Quality Value: PDOP Date of Measurement: 03/26/2007

GPS Instrument Operator's Name: Paul Tappy

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: WATTENBERG

Field Number: 90750

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&amp;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 7730 TVD\*\* Plug Back Total Depth MD 7671 TVD\*\*

Elevations GR 4868 KB 4878 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

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

User Group

Comment

Comment Date

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Stamp Upon  
Approval

Total: 0 comment(s)

