

FORM  
5

Rev  
12/20

# 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:

402638396

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 05-123-50796-00 County: WELD  
Well Name: Reveille Well Number: A35-772  
Location: QtrQtr: SWSW Section: 35 Township: 6N Range: 64W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 260 feet Direction: FSL Distance: 383 feet Direction: FWL  
As Drilled Latitude: 40.436349 As Drilled Longitude: -104.525404  
GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 12/23/2020

FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 473 feet Direction: FSL Dist: 1157 feet Direction: FWL  
Sec: 35 Twp: 6N Rng: 64W

FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 200 feet Direction: FNL Dist: 1153 feet Direction: FWL  
Sec: 26 Twp: 6N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 12/30/2020 Date TD: 01/20/2021 Date Casing Set or D&A: 01/21/2021

Rig Release Date: 01/31/2021 Per Rule 308A.b.

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

Total Depth MD 17043 TVD\*\* 6682 Plug Back Total Depth MD 16981 TVD\*\* 6682

Elevations GR 4648 KB 4678 Digital Copies of ALL Logs must be Attached

List All Logs Run:  
CBL, MWD/LWD,(IND in 123-22824)

### FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1427 Fresh Water (bbls): 1282

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1934	645	1934	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17025	1976	17025	1913	CBL

Bradenhead Pressure Action Threshold 580 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

### 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	4,032				
SUSSEX	4,032				
SHANNON	4,849				
TEEPEE BUTTES	5,865				
SHARON SPRINGS	6,640				
NIOBRARA	6,693				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.  
 As drilled GPS was surveyed after conductor was set.  
 Alternative Logging Program: No open hole logs run per rule 317.p. IND ran on Hoffner 14-35 (123-22824)

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@chevron.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402640537	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402640529	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"/>
<u>Other Attachments</u>			
402640501	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402640509	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402640511	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402640512	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402640524	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)