

FORM
5

Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402629139

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 05-123-50790-00 County: WELD
Well Name: Reveille Well Number: A33-720
Location: QtrQtr: SESW Section: 34 Township: 6N Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 587 feet Direction: FSL Distance: 1508 feet Direction: FWL
As Drilled Latitude: 40.437137 As Drilled Longitude: -104.540344
GPS Data: GPS Quality Value: 2.6 Type of GPS Quality Value: PDOP Date of Measurement: 01/28/2021

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 415 feet Direction: FSL Dist: 662 feet Direction: FEL
Sec: 33 Twp: 6N Rng: 64W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 200 feet Direction: FNL Dist: 623 feet Direction: FEL
Sec: 28 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) 02/05/2021 Date TD: 02/24/2021 Date Casing Set or D&A: 02/25/2021

Rig Release Date: 03/06/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17500 TVD** 6698 Plug Back Total Depth MD 17440 TVD** 6698

Elevations GR 4631 KB 4661 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD, (RES in 123-50791)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1302 Fresh Water (bbls): 145

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1447

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	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1928	657	1928	0	VISU
1ST	8+1/2	5+1/2	P110CY	17	0	17490	2032	17490	1964	CBL

Bradenhead Pressure Action Threshold 578 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	3,648				
SUSSEX	4,203				
SHANNON	5,159				
TEEPEE BUTTES	6,337				
SHARON SPRINGS	7,204				
NIOBRARA	7,485				

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 408.r RES ran on REVEILLE A34-778 (05-123-50791)

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>			
402674334	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402674339	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>			
402674265	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402674277	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402674292	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402674298	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402674354	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)