

FORM
5Rev
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:

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@nbleenergy.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 WebbTitle: 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)