

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:

402681508

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 05-123-50794-00

County: WELD

Well Name: Reveille

Well Number: A34-788

Location: QtrQtr: SESW

Section: 34

Township: 6N

Range: 64W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 564 feet

Direction: FSL

Distance: 1508 feet

Direction: FWL

As Drilled Latitude: 40.437076

As Drilled Longitude: -104.540346

GPS Data: GPS Quality Value: 2.8

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: 431 feet

Direction: FSL

Dist: 67 feet

Direction: FWL

Sec: 34

Twp: 6N

Rng: 64W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 201 feet

Direction: FNL

Dist: 108 feet

Direction: FWL

Sec: 27

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: 02/19/2021

Date Casing Set or D&A: 02/20/2021

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 17284

TVD** 6754

Plug Back Total Depth MD 17218

TVD** 6755

Elevations GR 4631

KB 4661

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD (RES in 05-123-50791)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1476

Fresh Water (bbls): 145

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1331

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	VISU
SURF	13+1/5	9+5/8	J-55	36	0	1927	656	1927	0	VISU
1ST	8+1/2	5+1/2	P110CY	17	0	17266	2010	17266	1410	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	3,586				
SUSSEX	4,110				
SHANNON	5,016				
TEEPEE BUTTES	6,100				
SHARON SPRINGS	6,831				
NIOBRARA	6,882				

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>		
402681620	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402681609	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>		
402681578	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402681590	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402681603	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402681604	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402681610	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)