

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:

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@nblenergy.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

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+1/5	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 Webb

Title: Sr. Regulatory Analyst Date: _____ Email: julie.webb@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
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)