

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403806776

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

ECMC Operator Number: 100322

Contact Name: Randy Thweatt

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4000

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER

State: CO

Zip: 80202

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-49087-00

County: WELD

Well Name: Aristocrat

Well Number: H14-765

Location: QtrQtr: SWSE

Section: 2

Township: 3N

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1092 feet

Direction: FSL

Distance: 2294 feet

Direction: FEL

As Drilled Latitude: 40.250127

As Drilled Longitude: -104.628921

GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP

Date of Measurement: 03/13/2024

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 211 feet

Direction: FNL

Dist: 2383 feet

Direction: FWL

Sec: 11

Twp: 3N

Rng: 65W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 1524 feet

Direction: FSL

Dist: 1622 feet

Direction: FWL

Sec: 14

Twp: 3N

Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/22/2024

Date TD: 03/28/2024

Date Casing Set or D&amp;A: 03/29/2024

Rig Release Date: 04/05/2024 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16374

TVD\*\* 6958

Plug Back Total Depth MD 16335

TVD\*\* 6957

Elevations GR 4781

KB 4811

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, (IND-GR in 123-16410, IND-GR in 123-18393, IND-GR in 123-21986)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1492

Fresh Water (bbls): 1347

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	1971	752	1971	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	16355	1645	16355	872	CBL

Bradenhead Pressure Action Threshold 591 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	3,861				
SUSSEX	4,256				
SHANNON	5,005				
TEEPEE BUTTES	6,344				
SHARON SPRINGS	6,987				
NIOBRARA	7,028				

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 were ran per rule 408.r IND-GR logs ran on ARISTOCRAT ANGUS 34-2 (123-16410), CORNELIUS 11-22 (123-18393) and on ARISTOCRAT ANGUS 44-2A (123-21986).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Kim BauerTitle: Regulatory Analyst II

Date: \_\_\_\_\_

Email: kimberlybauer@chevron.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403806927	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403806914	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"/>
<b><u>Other Attachments</u></b>			
403806903	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403806920	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403806922	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403806924	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)