

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

403400575

Date Received:

05/19/2023

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) 228-4200

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER State: CO Zip: 80202

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-51838-00

County: WELD

Well Name: GIG-EM STATE

Well Number: Y9-719

Location: QtrQtr: NENE Section: 16 Township: 2N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 595 feet Direction: FNL Distance: 952 feet Direction: FEL

As Drilled Latitude: 40.144108 As Drilled Longitude: -104.550405

GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 01/04/2023

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 136 feet Direction: FSL Dist: 587 feet Direction: FEL
Sec: 9 Twp: 2N Rng: 64WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 411 feet Direction: FNL Dist: 604 feet Direction: FEL
Sec: 4 Twp: 2N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: OG 70/7879-S

Spud Date: (when the 1st bit hit the dirt) 03/05/2023 Date TD: 03/22/2023 Date Casing Set or D&A: 03/23/2023

Rig Release Date: 03/24/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17315 TVD** 6962 Plug Back Total Depth MD 17281 TVD** 6962

Elevations GR 4943 KB 4972 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD/LWD, (RES in 123-45235)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1750 Fresh Water (bbls): 1605

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

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	109	64	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	2059	548	2059	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17300	1997	17300	1460	CBL

Bradenhead Pressure Action Threshold 618 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	3,908				
SUSSEX	4,250				
SHANNON	5,063				
TEEPEE BUTTES	6,172				
SHARON SPRINGS	6,852				
NIOBRARA	6,926				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.

BPZ will be provided on Form 5A once the well is completed.

As drilled GPS was surveyed after conductor was set.

Alternative logging Program: No open hole logs were ran per rule 408.r RES log ran on HULLABALOO STATE Y21-746 (123-45235).

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: 5/19/2023 Email: julie.webb@chevron.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403404327	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403404334	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403400736	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>					
403400575	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403400685	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403400722	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403400726	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403400747	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Revised the TOC for the First String from 1081', to 1460', to agree with the CBL attached to this form.	11/15/2024
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	11/15/2024

Total: 2 comment(s)