

FORM

5

Rev
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:

403401653

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 05-123-51836-00

County: WELD

Well Name: GIG-EM STATE

Well Number: Y9-751

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

Footage at surface: Distance: 595 feet Direction: FNL Distance: 1020 feet Direction: FEL

As Drilled Latitude: 40.144110 As Drilled Longitude: -104.550645

GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 01/04/2023

** If directional footage at Top of Prod. Zone Dist: 124 feet Direction: FNL Dist: 2626 feet Direction: FWL
Sec: 9 Twp: 2N Rng: 64W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 410 feet Direction: FNL Dist: 2585 feet Direction: FWL
Sec: 4 Twp: 2N Rng: 64W
FNL/FSL FEL/FWL

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) 03/03/2023 Date TD: 03/10/2023 Date Casing Set or D&A: 03/11/2023

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 17608 TVD** 6984 Plug Back Total Depth MD 17576 TVD** 6984

Elevations GR 4942 KB 4971

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): 1673 Fresh Water (bbls): 1528

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	109	64	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	2054	703	2054	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17595	2038	17595	2254	CBL

Bradenhead Pressure Action Threshold 616 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	4,020				
SUSSEX	4,368				
SHANNON	5,229				
TEEPEE BUTTES	6,449				
SHARON SPRINGS	7,236				
NIOBRARA	7,324				

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>			
403404399	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403404408	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403406681	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>			
403401653	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403401684	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403401685	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403401700	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403401720	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 983', to 2254', to agree with the CBL attached to this form.	11/19/2024
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	11/15/2024

Total: 2 comment(s)