

Document Number:
400340779

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Cheryl Johnson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-15829-00 6. County: WELD
 7. Well Name: SPIKE ST GWS Well Number: CC 30-14
 8. Location: QtrQtr: SESW Section: 30 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 656 feet Direction: FSL Distance: 1967 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 70/7861-S

12. Spud Date: (when the 1st bit hit the dirt) 07/01/1992 13. Date TD: 07/04/1992 14. Date Casing Set or D&A: 07/15/1992

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6972 TVD** _____ 17 Plug Back Total Depth MD 6845 TVD** _____

18. Elevations GR 4777 KB 4787
 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Gamma Ray CCL/Cement Bond VDL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	351	250	0	351	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/08/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1		300	0	580

Details of work:

Control well w/5bbls kill fluid. NU and RIH w/2 1/4" blad bit, 2 7/8" CSG scraper, 218 jts 1/14" N-80 tubing. Tagged fill at 6818 KB. Cleaned out dn to 6844. Circulate hole clean. TIH w/RBP, retrieving head, 214 jts tubing. Set RBP @ 6718 KB w/ 214 jts. PSI test csg to 500#, held solid. Unpacked casing head. Picked up on casing unlanding from slips. NU and RIH w/1 1/4" mule shoe sub and 14 jts 1/14" 3.02# N-80 tbg. Tagged heavy mud at 456'. TOO H standing back 1 14/" tbg & mule shoe sub and 14 jts 1 1/4" 3.02# N-80 tbg.
 Pick up mule shoe and TIH w/18 jts of 1 1/4" to 564'. Establish circulation and roll hole. Test iron to 3000 psi. Pump 3 bbls spacer ahead. Pump 300 sks of "G" neat 15.8 ppg cement from 564' to surface. Had circulation during entire job. Reland casing at 44000# pack off well head. Bond log from 1000' to surface. Annular fill bottom cement was at 580' w/excellent bond to surface. RIH w/retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500psi. Land 1 1/2" 2.7# J-55 tubing to 6776.39'. Rig down and move off.

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Paper copies of Gamma Ray CCL/CBL sent by mail.

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

Signed: _____ Print Name: Cheryl Johnson

Title: Regulatory Analyst III Date: _____ Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)