

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

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 unlatching 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'. TOOHH 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 ?	
<u>Attachment Checklist</u>			
	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

Total: 0 comment(s)