

**FORM
5**Rev
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:

400347499

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 05-123-10500-00

6. County: WELD

7. Well Name: LUNDVALL

Well Number: 1

8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 1920 feet Direction: FSL Distance: 1920 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: 64025

12. Spud Date: (when the 1st bit hit the dirt) 12/19/1981 13. Date TD: 01/12/1982 14. Date Casing Set or D&A: 01/14/1982

15. Well Classification:

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

16. Total Depth MD 7986 TVD** 17 Plug Back Total Depth MD 7710 TVD**

18. Elevations GR 4920 KB 4925

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/CBL

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 | 218 | 125 | 0 | 218 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE | S.C. 1.1 | | 300 | 0 | 586 |

Details of work:

RU Wireline and RIH w/Sqz guns to 551'; shot two holes. Hook up rig pump to establish injection rate 2bbls/min at 600 psi. Test iron to 3000 psi. Pump 3.5 bbls spacer. Batch up and pump 300 sx (61 bbls) of G neat 15.8 ppg. Had circulation throughout job. Drop plug and displace plug w/11.75 bbls to 500'. Brought cement to surface. Pick up bit and drill collars and TIH - tag cement at 420' w/14 jts. Establish circulation and drill out cement above plug. Drill out to 510'. Rolled hole clean and POOH. Load casing and put 500 psi on it.

Tag cement at 510' and continue to drill out cement to 553'. TIH w/3 jts, no stringers. Roll hole. Test to 500 psi - good test. POOH w/tubing. RU and run CBL 750' to surface. Annular cement bottom is 586' w/excellent bond to surface. RIH w/bit and scraper to 800' and POOH. Pick up retrieving head & TIH - circulate to top of RBP. Release plug and POOH standing back to derrick. Test in w/new NC, SN and 234 jts of 2 3/8" J-55. Land well at 7398 KB. Put on well head valves and RDMOL.

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 copy 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> | | | | | |
| 400347557 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input 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)