

**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:

400351948

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33457-00

6. County: WELD

7. Well Name: McClellan PC

Well Number: LG04-15

8. Location: QtrQtr: SWSE Section: 4 Township: 8N Range: 59W Meridian: 6

Footage at surface: Distance: 830 feet Direction: FSL Distance: 1810 feet Direction: FEL

As Drilled Latitude: 40.686390 As Drilled Longitude: -103.978350

## GPS Data:

Data of Measurement: 05/31/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL TAPPY

\*\* 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: PAWNEE

10. Field Number: 67595

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/01/2011 13. Date TD: 06/03/2011 14. Date Casing Set or D&amp;A: 06/04/2011

## 15. Well Classification:

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

16. Total Depth MD 6415 TVD\*\* 17 Plug Back Total Depth MD 6347 TVD\*\*

18. Elevations GR 4843 KB 4856

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:

CBL  
TRIPLE COMBO

## 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	13	571	250	13	571	
1ST	8+7/8	4+1/2	11.6	13	6,393	545	13	6,393	

**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:

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	
NIOBRARA	5,924		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,208		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,232		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

INCLUDED DIRECTIONAL SURVEY IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY TO SHOW AN AVOIDANCE DOWN HOLE.

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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

Signed: \_\_\_\_\_

Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date:

Email: jmuse@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400354561	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400354405	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>					
400354399	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400354401	LAS-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400354402	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)