

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



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Document Number:
400375586

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: <u>100322</u>	4. Contact Name: <u>Julie Webb</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-13547-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE R G</u>	Well Number: <u>36-5</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>36</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1979</u> feet Direction: <u>FNL</u> Distance: <u>651</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	

GPS Data:
Data 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: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: <u>68621</u>	

12. Spud Date: (when the 1st bit hit the dirt) <u>07/30/1987</u>	13. Date TD: <u>08/03/1987</u>	14. Date Casing Set or D&A: <u>08/25/1987</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>7308</u> TVD** _____	17 Plug Back Total Depth MD <u>7265</u> TVD** _____
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18. Elevations GR <u>4787</u> KB <u>4799</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:
Gamma Ray, CLL/ 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	310	175	0	310	CALC
1ST	7+7/8	4+1/2	15.1	0	7,265	230	0	7,265	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/16/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		178	12	633

Details of work:

Control well w/30 bbls kill fluid. NU and RIH w/ 3 3/4" blad bit, 4 1/2" CSG scraper, 229 jts 2 3/8" N-80 tubing. Tagged fill at 7230 KB. TIH w/RBP, retrieved head, 214 jts tubing. Set RBP @ 6669 KB w/ 214 jts. PSI test csg to 2000#, held great. NU and RIH w/ 1 1/4" 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 623'. Pump 178 sks of "G" neat 15.8 ppg cement from 623' to surface. Relanded casing at 80000# pack off well head. Bond log from 1000' to surface. Annular fill bottom cement was at 623'. Test tubing to 6500psi. Land 1 1/2 2.7# J-55 tubing to 7134.59. Installed new 3000# valves on tbg head and 5000# 2 3/8" Master valve on top of tbg. 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:

Gamma Ray, CLL/ CBL hard copy will be mailed.

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

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: julie.webb@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

Total: 0 comment(s)