

**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:

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: 100322

4. Contact Name: Julie Webb

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2316

3. Address: 1625 BROADWAY STE 2200

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-13547-00

6. County: WELD

7. Well Name: STATE R G

Well Number: 36-5

8. Location: QtrQtr: SWNW Section: 36 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 1979 feet Direction: FNL Distance: 651 feet Direction: FWL

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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 68621

12. Spud Date: (when the 1st bit hit the dirt) 07/30/1987 13. Date TD: 08/03/1987 14. Date Casing Set or D&amp;A: 08/25/1987

## 15. Well Classification:

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

16. Total Depth MD 7308 TVD\*\* 17 Plug Back Total Depth MD 7265 TVD\*\*

18. Elevations GR 4787 KB 4799

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, 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 ?			
<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**

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Total: 0 comment(s)