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

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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 [X] Final completion [ ] Preliminary completion

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

5. API Number 05-123-18707-00
6. County: WELD
7. Well Name: BICKLING
Well Number: E 21-02
8. Location: QtrQtr: NWNE Section: 21 Township: 6N Range: 65W Meridian: 6
Footage at surface: Distance: 643 feet Direction: FNL Distance: 2021 feet Direction: FEL
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: 60588

12. Spud Date: (when the 1st bit hit the dirt) 12/09/1994 13. Date TD: 12/12/1994 14. Date Casing Set or D&A: 12/13/1994

15. Well Classification:
[ ] Dry [X] Oil [ ] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

16. Total Depth MD 7290 TVD**
17 Plug Back Total Depth MD 7269 TVD**

18. Elevations GR 4735 KB 4722

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	352	336	0	352	CALC
1ST	7+7/8	2+7/8	6.5	0	7,273	670	2,700	7,290	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/15/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		215	13	536

Details of work:

Control well w/kill fluid. RIH w/ 2 5/8" blade bit, 2 1/2" CSG scraper, 90 jts 2 3/8" N-80 tubing. Tagged fill at 7100 KB. Cleaned out to 7179. Circulated hole clean. TIH w/RBP, retrieved head, 96 jts tubing. Set RBP @ 3040 KB w/ 96 jts. PSI test csg to 750#, test good. Unland casing head. NU and RIH w/ 1 ¼" mule shoe sub and 17 jts 1 ¼".
Pick Up mule shoe and TIH w/17 jts of 1 ¼" to 536'. Rolled Hole. Pump 215 sks of "G" neat 15.8 ppg cement from 536' to surface. Relanded casing at 50000# pack off well head. Bond log from 1000' to surface. Annular fill bottom cement was at 536'. Land 1 ½ 2.7# J-55 tubing to 7068.09. 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	
			☐	☐	

Comment:

Gamma Ray CCL/ 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: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)