

FORM
5Rev
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:

400384637

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 05-123-14868-00

6. County: WELD

7. Well Name: MOSER FARMS

Well Number: 4-1

8. Location: QtrQtr: SENE Section: 4 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1800 feet Direction: FNL Distance: 500 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:

12. Spud Date: (when the 1st bit hit the dirt) 01/10/1991 13. Date TD: 01/14/1991 14. Date Casing Set or D&A: 01/15/1991

15. Well Classification:

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

16. Total Depth MD 7290 TVD** 17 Plug Back Total Depth MD 7238 TVD**

18. Elevations GR 4849 KB 4860

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 | 493 | 300 | 0 | 493 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 12.75 | 0 | 7,268 | 195 | 6,390 | 7,290 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/05/2013

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| | S.C. 1.1 | | 300 | 93 | 855 |
| | S.C. 1.1 | | 250 | 3,270 | 4,634 |

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 3 7/8" bit and 3 3/4" scraper 230 jts. Tag fill at 7190'. Clean out down to 7204. RIH w/WLTC-RBP. RBP set @ 6590' KB. Roll hole clean. PSI test csg to 1500#, good test. Dump 2 sks of sand on plug. Unland casing. RIH w/ 1 1/4" mule shoe 18 jts 3.02# N-80 CSH. Pick Up mule shoe and TIH w/147 jts of 1 1/4" to 4601'. Pump 250 sks of 13.5# fraccem cement from 3270' to 4634'. Run back in with mule shoe and 27 jts of 1 1/4" to 845. Pump 300 sks of "G" neat 15.8 ppg cement from 855' to 93'. Relanded casing with 60K pulled. Run logs from 5000' to surface, found cement from 4634' to 3270' and 850 to 90'. TIH w/ Ret head, release plug. Test tubing to 6500 psi. Land 2 3/8" 4.7# J-55 tubing to 7152.80'. 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 CCL/CBL hard copy log 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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400384645 | 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**

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Total: 0 comment(s)