

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



DE ET OE ES

Document Number:

400384667

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 05-123-13257-00

6. County: WELD

7. Well Name: DARLING

Well Number: 6-27 EG

8. Location: QtrQtr: NENW Section: 27 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date 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: 55816

12. Spud Date: (when the 1st bit hit the dirt) 11/21/1986 13. Date TD: 11/26/1986 14. Date Casing Set or D&A: 11/26/1986

15. Well Classification:

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

16. Total Depth MD 7138 TVD** 17 Plug Back Total Depth MD 7124 TVD**

18. Elevations GR 4708 KB 4719

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	342	180	0	342	CALC
1ST	7+7/8	4+1/2	11.6	0	7,135	350	3,250	7,138	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/26/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	76	762
	S.C. 1.2		305	3,250	4,288

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 3 7/8" bit and 4 1/2" scraper 223 jts. Tag fill at 7007'. RIH w/WLTC-RBP. RBP set @ 5790' KB. Roll hole clean. PSI test csg to 1800 psi, good test. Dump 2 sks of sand on plug. Ran CBL from 4500' to surface, found no cement. RIH w/ 1 1/4" mule shoe 3.02# N-80 CSH. Pick Up mule shoe and TIH w/137 jts of 1 1/4" to 4288'. Pump 305 sks of 13.5# fraccem cement from 2350' to 4288'. Run back in with mule shoe and 23 jts of 1 1/4" to 720. Pump 300 sks of "G" neat 15.8 ppg cement from 762 to surface. Relanded casing with 60K pulled. Run logs from 4500' to surface, found cement from 4300' to 2660' and 830 to surface. TIH w/ Ret head, release plug. Test tubing to 6500 psi. Land 2 3/8" 4.7# J-55 tubing to 7022.02'. 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 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>					
400384672	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)