

**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:  
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 |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)