

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:

400384595

Date Received:

02/25/2013

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 05-123-14869-00 6. County: WELD  
7. Well Name: MOSER FARMS Well Number: 4-2  
8. Location: QtrQtr: NESE Section: 4 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Distance: 2100 feet Direction: FSL Distance: 500 feet Direction: FEL  
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:

12. Spud Date: (when the 1st bit hit the dirt) 01/16/1991 13. Date TD: 01/20/1991 14. Date Casing Set or D&A: 01/21/1991

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

16. Total Depth MD 7276 TVD\*\* 17 Plug Back Total Depth MD 7239 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	496	164	0	496	CALC
1ST	7+7/8	4+1/2	12.6	0	7,269	160	6,316	7,276	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/13/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	11	830
	S.C. 1.1		220	3,800	4,650

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 2 5/8" bit and 4 1/2" scraper 200 jts. Tag fill at 7178'. RIH w/WLTC-RBP. RBP set @ 6730' KB w/ 215 jts. 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 148 jts 3.02# N-80 CSH.

Pick Up mule shoe and TIH w/148 jts of 1 1/4" to 4633'. Pump 220 sks of 13.5# fraccem cement from 3800' to 4650'. 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 830 to surface. Relanded casing with 90K pulled. Run logs from 5000' to surface, cement was sporadic from 4600' to 3800' and good bond from 840' to surface. TIH w/ Ret head, release plug. Land 2 3/8" 4.7# J-55 tubing to 7148.72'.

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 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: 2/25/2013 Email: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400384612	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"/>
<b>Other Attachments</b>			
400384595	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)