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Document Number:  
400383862

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 05-123-13856-00 6. County: WELD  
 7. Well Name: JOHNSON Well Number: E22-14  
 8. Location: QtrQtr: SESW Section: 22 Township: 6N Range: 65W Meridian: 6  
 Footage at surface: Distance: 801 feet Direction: FSL Distance: 2121 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: GREELEY 10. Field Number: 32760  
 11. Federal, Indian or State Lease Number: 55837

12. Spud Date: (when the 1st bit hit the dirt) 03/12/1988 13. Date TD: 03/17/1988 14. Date Casing Set or D&A: 03/17/1988

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

16. Total Depth MD 7185 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7172 TVD\*\* \_\_\_\_\_

18. Elevations GR 4712 KB 4723 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	315	185	0	315	CALC
1ST	7+7/8	4+1/2	15.1	0	7,185	345	6,296	7,185	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 12/06/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	11	535

Details of work:

Control well w/ 2% KCL water. TOOH & SB 228 jts 2 3/8" J-55 tubing. Tag fill at 7125' KB. Circulate hole. TIH w/ RBP 216 jts, set RBP @ 6639' KB. Roll hold established circulation. Spot 2 sks sand on the RBP. TIH w/ packer and 112 jts. Set packer @ 3469' KB. PSI test casing to 1000#, csg held.  
 Pick up mule shoe and TIH w/ 15 jts of 1 1/4" N-80. Circulate annular. Test lines to 3000 psi. Pump 200 sks of "G" neat 15.8 ppg cement from 535' to 11". Land casing. Test casing to 500 psi, held solid. Bond log from 1000' to surface. Bond looked good from 476' to surface. Release RBP. Test in hole to 6500psi. Land 2 3/8" 4.7# J-55 tubing to 7025'. 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 copies 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 ?	
<b>Attachment Checklist</b>			
400388948	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)