

**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:  
400384714

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 05-123-09449-00 6. County: WELD  
 7. Well Name: JONES USX W Well Number: 15-1  
 8. Location: QtrQtr: CNE Section: 15 Township: 2N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1320 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) 04/03/1978 13. Date TD: 04/12/1978 14. Date Casing Set or D&A: 04/15/1978

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

16. Total Depth MD 8090 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8044 TVD\*\* \_\_\_\_\_

18. Elevations GR 5030 KB 5053 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	198	300	0	198	CALC
1ST	7+7/8	4+1/2	10.5	0	8,088	400	6,912	8,090	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 10/03/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	4,400	200	4,350	5,060

Details of work:

Control well w/ 30 bbls kill fluid. RIH w/ bit and scraper 240 jts. Tag fill at 8040'. RIH w/WLTC-RBP. RBP set @ 7390' KB. Roll hole clean. PSI test csg to 1000 psi, good test. Dump 2 sks of sand on plug. Ran CBL from 7050' to surface. TOC is at 6912 then free to 790' with cement to surface.  
 Pick Up 3 1/8" squeeze gun and shot 2 holes at 5058' and 4 at 4400'. Test iron to 3000psi. Pump 200 sks of 13.5# fraccem cement from 4350' to 5060'. Roll hole and test casing to 500psi. Pump 50 sks balance plug of "G" neat 15.8 ppg cement. SQZ 2 bbls and wait 20min, SQZ 5 more bbls and pressured up to 1800psi. Run logs from 5240' to 4250', Sussex sqz cement from 5260' to 4340' with good to fair bond. TIH w/ Ret head, release plug. Land 2 3/8" 4.7# J-55 tubing to 7923.29'. 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:

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>			
400388954	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**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)