

Document Number:
 400388744

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 05-123-15912-00 6. County: WELD
 7. Well Name: SPIKE STATE D Well Number: 16-10
 8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 2013 feet Direction: FSL Distance: 1984 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: 70-7884S

12. Spud Date: (when the 1st bit hit the dirt) 07/28/1992 13. Date TD: 07/31/1992 14. Date Casing Set or D&A: 07/31/1992

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

16. Total Depth MD 7126 TVD** _____ 17 Plug Back Total Depth MD 7078 TVD** _____

18. Elevations GR 4772 KB 4783 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	365	220	0	365	CALC
1ST	7+7/8	3+1/2	9.3	0	7,091	645	5,984	7,126	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/24/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		428	32	658

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 2 7/8" blade bit, and 3 1/2" scraper, 223 jts. Tagged fill at 7001 KB. TIH w/ WLTC RBP, retrieved head, 128 jts 1 1/4" tubing. Set RBP @ 4023' KB w/ 128 jts. Roll hole clean. PSI test csg to 500#, with no pressure loss. Dump 1 sk of sand on plug. Unland casing. Pick Up mule shoe and TIH w/21 jts of 1 1/4" to 659'. Roll hole clean. Pump 1 bbl ahead. Pump 428 sks of "G" neat 15.8 ppg cement from 658' to 32'. Reland casing @ 60000# pack off well head. Bond log from 2000' to surface. Annular cement started at 658' to 32' with good bond. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. . Land 2 1/16" 3.25# J-55 tubing to 6909.09. 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 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 ?	
Attachment Checklist			
400388978	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)