

FORM  
5Rev  
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:

400387508

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 05-123-15909-00

6. County: WELD

7. Well Name: SPIKE ST GWS

Well Number: D 16-06

8. Location: QtrQtr: SENW Section: 16 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1989 feet Direction: FNL Distance: 1977 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: 70-7884-S

12. Spud Date: (when the 1st bit hit the dirt) 07/10/1992 13. Date TD: 07/13/1992 14. Date Casing Set or D&amp;A: 07/13/1992

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7146 TVD\*\* 17 Plug Back Total Depth MD 7072 TVD\*\*

18. Elevations GR 4754 KB 4764

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	376	260	0	376	CALC
1ST	7+7/8	3+1/2	9.3	0	7,139	410	4,250	7,146	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		175	136	797

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 218 jts 2 1/16" N-80 tubing. Tagged fill at 7068.54 KB. TIH w/RBP, retrieved head, 118 jts tubing. Set RBP @ 4210 KB w/ 136 jts. PSI test csg to 600#, with no pressure loss. Poured 1 sk of sand. Unland casing. TIH w /21 jts of 1 1/4" to 655'. Pump 300 sks of "G" neat 15.8 ppg cement from 797' to surface. Reland casing into casing head. Bond log from 2000' to surface, found cement from 686 to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Hydro test to 6500 psi. Land 2 1/16" 3.25# J-55 tubing to 6912'. 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 ?			
<u>Attachment Checklist</u>					
400388985	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**

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Total: 0 comment(s)