

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:
400388866

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 05-123-20006-00 6. County: WELD
 7. Well Name: STRONG P Well Number: 21-15JI
 8. Location: QtrQtr: SWSE Section: 21 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 485 feet Direction: FSL Distance: 2029 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) 09/12/2000 13. Date TD: 09/28/2000 14. Date Casing Set or D&A: 09/28/2000

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

16. Total Depth MD 7672 TVD** _____ 17 Plug Back Total Depth MD 7663 TVD** _____

18. Elevations GR 4785 KB 4797 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	433	305	0	433	CALC
1ST	7+7/8	4+1/2	12.6	0	7,470	200	6,250	7,470	CBL
1ST LINER	3+7/8	2+7/8	6.5	7135	7,672	11	7,196	7,672	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/28/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		240	11	1,017

Details of work:

Control well w/ 40 bbls kill fluid. RIH w/ 2 7/8" blade bit, and scraper, 225jts 3/8" J-55 4.7# tubing. Tagged fill at 7038 KB. Roll hole. TIH w/ WLTC RBP, retrieved head, 224 jts. Set RBP @ 6980' KB w/ 224 jts. Roll hole clean. PSI test csg to 1000#, with no pressure loss. Dump 2 sks of sand on plug. Unland casing.
 TIH w/32 jts of 1 1/4" to 1008'. Roll hole clean. Test iron to 3500psi. Pump 3bbls ahead. Pump 240 sks of "G" neat 15.8 ppg cement from 1017' to surface. Reland casing. Bond log from 1500' to surface, Annular fill starts at 1010' and goes to surface with fair bond. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" J-55 tubing to 7121.98. 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			
400392235	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)