

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



DE ET OE ES

Document Number:

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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.

Completion Type [X] 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 05-123-20159-00 6. County: WELD
7. Well Name: Miller P Well Number: 27-04Ji
8. Location: QtrQtr: NWNW Section: 27 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 469 feet Direction: FNL Distance: 457 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:

12. Spud Date: (when the 1st bit hit the dirt) 12/16/2000 13. Date TD: 12/21/2000 14. Date Casing Set or D&A: 12/21/2000

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

16. Total Depth MD 7762 TVD** 17 Plug Back Total Depth MD 7733 TVD**

18. Elevations GR 4810 KB 4821
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/22/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1	6,780	440	4,843	6,782
	S.C. 1.1		225	11	920

Details of work:

Control well w/ 2% KCL water. RIH w/ blade bit, and scraper, 240 jts. Tagged fill at 7618 KB. TIH w/ RBP, retrieved head, 236 jts. Set RBP @ 7419' KB w/ 236 jts. Spot 2sks Sand ontop of the plug. Roll hole clean. PSI test csg to 1000#, with no pressure loss. RIH w/ 3 1/8" slick gun and shoot circulating holes @6780'. Test in hole to 6500 w/ 210jts. Set retainer @ 6643'. Circulate annular. Test lines to 4000 psi. Pump 10 bbls ahead. Pump 440 sks of "G" neat 15.8 ppg cement from 6752' to 4843'. Spot 1 bbl cement on top of retainer. Unland casing.
 Pick Up mule shoe and RIH w/27 jts of 1 1/4"to 850'. Test lines to 3000 psi. Pump 225 sks of "G" neat 15.8 ppg cement from 920' to 11'. TIH w/ 3 7/8 cone bit and tag cement at 6100'. Drill out cement and retainer. Test casing to 500psi, no pressure loss. Bond log from 7300' to surface. Remedial cement bottom is at 6780' and goes to 4800' and annular fill starts at 920' to surface both with good bond. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Hydro test in hole to 6500psi. Land 2 3/8" 4.7# J-55 tubing to 7557'. 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			
400389033	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)