

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:

400394288

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Julie Webb
Phone: (720) 587-2316
Fax:

5. API Number 05-123-15989-00
6. County: WELD
7. Well Name: SPIKE ST. GWS
Well Number: D 28-05
8. Location: QtrQtr: SWNW Section: 28 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 1850 feet Direction: FNL Distance: 500 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: 70/7886-S

12. Spud Date: (when the 1st bit hit the dirt) 08/19/1992 13. Date TD: 08/23/1992 14. Date Casing Set or D&A: 08/23/1992

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

16. Total Depth MD 7178 TVD** 17 Plug Back Total Depth MD 7050 TVD**

18. Elevations GR 4796 KB 4806
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	560	390	0	560	CALC
1ST	7+7/8	3+1/2	9.5	0	7,163	531	6,092	7,178	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/19/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		235	0	668

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 6989' KB. TIH w/ WLTC 3 1/2" RBP, retrieved head, 112 jts 1 1/4" tubing. Set RBP @ 3510' KB w/ 112 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 235 sks of "G" neat 15.8 ppg cement from 668' to surface. Land casing @ 65K pulled. Bond log from 2000' to surface. Found cement from 658' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 1/16" tubing to 6942.04'. 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			
400394289	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)