

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:

400397134

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 05-123-18706-00

6. County: WELD

7. Well Name: BICKLING

Well Number: E 21-01

8. Location: QtrQtr: NENE Section: 21 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 842 feet Direction: FNL Distance: 664 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data 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: 60588

12. Spud Date: (when the 1st bit hit the dirt) 12/27/1994 13. Date TD: 01/01/1995 14. Date Casing Set or D&A: 01/02/1995

15. Well Classification:

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

16. Total Depth MD 7297 TVD** 17 Plug Back Total Depth MD 7231 TVD**

18. Elevations GR 4718 KB 4731

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	315	0	376	CALC
1ST	7+7/8	2+7/8	6.5	0	7,290	680	6,110	7,290	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/17/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		280	0	532

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 229 jts. Tagged fill at 7153' KB. TIH w/ RBP, retrieved head, 96 jts 1 1/4" tubing. Set RBP @ 3012' KB w/ 96 jts. Roll hole clean. PSI test csg to 1000#, with no pressure loss. Dump 1 sk of sand on plug. Unland casing.

Pick Up mule shoe and TIH w/17 jts of 1 1/4" to 532'. Pump 280 sks of "G" neat 15.8 ppg cement from 532' to surface. Reland casing with 38K pulled. Bond log from 1000' to surface. Found cement from 338' to 50'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6000 psi. Land 1 1/4" 2.3# J-55 tubing to 7083.32'. 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 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>					
400397241	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400397243	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)