

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:

400398194

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 05-123-14003-00 6. County: WELD
7. Well Name: WIEDEMAN-PM Well Number: J28-7
8. Location: QtrQtr: SWNE Section: 28 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 1791 feet Direction: FNL Distance: 2082 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: 67892

12. Spud Date: (when the 1st bit hit the dirt) 07/15/1988 13. Date TD: 07/20/1988 14. Date Casing Set or D&A: 07/20/1988

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7462 TVD** 17 Plug Back Total Depth MD 7441 TVD**

18. Elevations GR 4856 KB 4866

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	321	217	0	321	CALC
1ST	7+7/8	4+1/2	15.1	0	7,441	220	6,454	7,462	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/01/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	380	632

Details of work:

Control well w/ 2% KCL. RIH w/ 3 5/8" blade bit, and 4 1/2" scraper, 222 jts. Tagged fill at 7373' KB. TIH w/ RBP, retrieved head, 204 jts 1 1/4" tubing. Set RBP @ 6696' KB w/ 220 jts. Rolled hole clean. Dump 2 sks of sand on plug. PSI test csg to 2000#, held great. Unland casing.
 Pick Up mule shoe and TIH w/18 jts of 1 1/4" to 592'. Roll hole clean. Pump 300 sks of "G" neat 15.8 ppg cement from 632' to 380'. Reland casing with 80K pulled. Bond log from 1500' to surface. Found cement from 630' to 380'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 4.7# J-55 tubing to 7289.22'. 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>			
400398205	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)