

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:
400401152

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 05-123-13733-00 6. County: WELD
 7. Well Name: BURKE R G Well Number: 24-16
 8. Location: QtrQtr: SESE Section: 24 Township: 4N Range: 65W Meridian: 6
 Footage at surface: Distance: 792 feet Direction: FSL Distance: 783 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: 68634

12. Spud Date: (when the 1st bit hit the dirt) 12/04/1987 13. Date TD: 12/12/1987 14. Date Casing Set or D&A: 12/21/1987

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

16. Total Depth MD 7272 TVD** _____ 17 Plug Back Total Depth MD 7267 TVD** _____

18. Elevations GR 4831 KB 4840 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	303	230	0	303	CALC
1ST	7+7/8	4+1/2	15.1	0	7,267	230	6,450	7,272	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/08/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	4,564	4,802
	S.C. 1.1		337	9	664

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ blade bit, and scraper. Tagged fill at 7171'KB. TIH w/ RBP, retrieved head 2 3/8" tubing. Set RBP @ 6715' KB. Roll hole. PSI test csg to 2000#, held great. Spot 2 sks of sand on plug. Run CBL from 6650' to surface. Unland Casing.
 Pick Up mule shoe and TIH w/152 jts of 1 1/4"to 4799'. Pump 10 bbls ahead. Pump 200 sks of 50/50 POZ cement from 4564' to 4802'. Pump 337 sks of "G" neat 15.8 ppg cement from 664' to surface. Reland casing w/ 85K. Bond log from 5040' to surface. Had cement coverage from 4804' up to 3750' over Sussex and coverage from 676' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tbg in hole to 6500#. Land 1 1/4" tubing to 7092.23' KB. 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 ?	
Attachment Checklist			
400401253	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)