

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:

400403529

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 05-123-13790-00

6. County: WELD

7. Well Name: OCOMA

Well Number: C17-13

8. Location: QtrQtr: SWSW Section: 17 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 460 feet Direction: FWL

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: 68496

12. Spud Date: (when the 1st bit hit the dirt) 01/25/1988 13. Date TD: 01/28/1988 14. Date Casing Set or D&amp;A: 01/28/1988

## 15. Well Classification:

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

16. Total Depth MD 7140 TVD\*\* 17 Plug Back Total Depth MD 7127 TVD\*\*

18. Elevations GR 4740 KB 4751

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	322	175	0	322	CALC
1ST	7+7/8	4+1/2	15.1	0	7,140	220	6,066	7,140	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/20/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	3,950	4,650
	S.C. 1.1		229	11	618

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 3 7/8" blade bit, and 4 1/2" scraper, 216 jts. Tagged fill at 7080' KB. TIH w/ WLTC RBP. Set RBP @ 6550' KB w/ 212 jts. Roll hole clean. PSI test csg to 1500#, with no pressure loss. Dump 2 sk of sand on plug. Unland casing. Pick Up mule shoe and TIH w/147 jts of 1 1/4" to 4635'. Roll hole clean. Pump 200 sks of 13.5ppg cement covering 3950' to 4650'. TOO H with tubing to 610'. Pump 8 bbls ahead. Pump 229 sks of "G" neat 15.8 ppg cement from 618' to 11'. Reland casing @ 78000# pack off well head. Bond log from 5000' to surface. Found cement from 4650' to 3950' and 618' to surface with good bond. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500 psi. Land 2 2/8" 4.7# J-55 tubing to 6946.90'. 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>					
400403987	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)