

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:

400415900

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 05-123-14120-00 6. County: WELD  
 7. Well Name: FORD-PM F Well Number: 26-16  
 8. Location: QtrQtr: SESE Section: 26 Township: 5N Range: 65W Meridian: 6  
 Footage at surface: Distance: 473 feet Direction: FSL Distance: 603 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: 67857

12. Spud Date: (when the 1st bit hit the dirt) 01/09/1989 13. Date TD: 01/14/1989 14. Date Casing Set or D&A: 01/14/1989

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7152 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7139 TVD\*\* \_\_\_\_\_

18. Elevations GR 4657 KB 4666

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	306	210	0	306	CALC
1ST	7+7/8	4+1/2	15.1	0	7,119	210	6,134	7,119	CBL

#### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/13/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1	4,260	75	4,260	4,520
	S.C. 1.1		310	0	461

Details of work:

Control well w/ 30 bbls kill fluid. RIH w/ blade bit, and scraper, 225jts. Tagged fill at 7112' KB. TIH w/ RBP, retrieved head, 196 jts 2 3/8" tubing. Set RBP @ 6348' KB w/ 220 jts. Pressure test to 2000#. Spot 2sks sand on plug. Ran CBL. TIH with perf gun to shoot sqz holes. Shot bottom sqz holes @ 4520' and 4260' w/ 3 1/8" slick gun. Pumped from lower hole to upper hole. Set cement retainer @ 4446'. Pressure test lines to 3000#. Mixed and pumped 75 sks 50/50 POZ through and around sqz holes. Unland casing. Pick Up mule shoe and TIH w/20 jts of 1 1/4" to 641'. Pump 310 sks of "G" neat 15.8 ppg cement from 641' to surface. Reland casing. Pressure test top sqz hole to 500#, good test. Bond log from 5000' to surface. CBL indicated new cement coverage from 4525 up to 4260 and 640' to surface. 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 6956.07' 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:

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 ?	
<b><u>Attachment Checklist</u></b>			
400415935	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"/>
400415907	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400415906	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)