

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:

400420868

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 05-123-21621-00 6. County: WELD
7. Well Name: RODRIGUEZ Well Number: 17-31
8. Location: QtrQtr: NESW Section: 17 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1806 feet Direction: FSL Distance: 1905 feet Direction: FWL
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:

12. Spud Date: (when the 1st bit hit the dirt) 08/24/2003 13. Date TD: 08/28/2003 14. Date Casing Set or D&A: 08/28/2003

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 7096 TVD**

18. Elevations GR 4758 KB 4768
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	360	200	0	360	CALC
1ST	7+7/8	4+1/2	11.6	0	7,122	200	6,200	7,140	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/23/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	0	780

Details of work:

Control well w/ 2% KCL water. RIH w/ blade bit, and scraper, tagged fill at 7042' KB. TIH w/ RBP, retrieved head, 212 jts 2 3/8" tubing. Set RBP @ 6698' KB w/ 212jts. Roll hole clean. Pressure test to 1500#. Spot 2 sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/23 jts of 1 1/4" to 716'. Test Iron to 2500 psi. Pump 3 bbls ahead. Pump 300 sks of "G" neat 15.8 ppg cement from 720' to surface. Reland casing @ 78K. Bond log from 1000' to surface. Log showed good cement coverage from 780' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test in hole to 6500#. Land 2 3/8" 4.7# J-55 tubing to 6961'. 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 ?	
Attachment Checklist			
400420881	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"/>
Other Attachments			
400420876	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420877	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)