

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:

400423871

Date Received:

05/28/2013

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 05-123-13369-00

6. County: WELD

7. Well Name: STATE FARM

Well Number: 36-11

8. Location: QtrQtr: NENE Section: 36 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 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: 68526

12. Spud Date: (when the 1st bit hit the dirt) 03/09/1987 13. Date TD: 03/14/1987 14. Date Casing Set or D&A: 03/14/1987

15. Well Classification:

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

16. Total Depth MD 7144 TVD** 17 Plug Back Total Depth MD 7055 TVD**

18. Elevations GR 4755 KB 4766

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	313	200	0	313	CALC
1ST	7+7/8	4+1/2	15.1	0	7,138	160	6,200	7,138	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/11/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	S.C. 1.1	561	230	0	570

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 225. TIH w/ RBP, retrieved head, 210 jts 2 3/8" tubing. Set RBP @ 6539' KB w/ 210 jts. Roll hole clean. Pressure test to 1400#. Spot 2 sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/ 18 jts of 1 1/4" to 561'. Pump 230 sks of "G" neat 15.8 ppg cement from 651' to surface. Reland casing @ 100K. Bond log from 700' to surface. Found cement from 520' to 150'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test to 6500psi. Land 2 3/8" 4.7 # J-55 tubing to 7007.9' 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: 5/28/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400424709	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"/>
<u>Other Attachments</u>					
400423871	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400423879	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400423881	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)