

**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:  
400463840

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 05-123-14286-00 6. County: WELD  
 7. Well Name: LUCCI-BC B Well Number: 01-11  
 8. Location: QtrQtr: NESW Section: 1 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 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: KERSEY 10. Field Number: 44600  
 11. Federal, Indian or State Lease Number: 56556

12. Spud Date: (when the 1st bit hit the dirt) 06/12/1989 13. Date TD: 06/17/1989 14. Date Casing Set or D&A: 06/17/1989

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

16. Total Depth MD 7060 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7052 TVD\*\* \_\_\_\_\_

18. Elevations GR 4608 KB 4618 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:  
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	211	50	0	511	CALC
1ST	7+7/8	3+1/2	9.3	0	7,052	270	6,254	7,060	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/01/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		350	0	544

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ blade bit, and scraper, 219 jts. Tagged fill at 6853' KB. TIH w/ RBP, retrieved head, 204 jts 2 3/8" tubing. Set RBP @ 6420' KB w/ 204 jts. Pressure test to 1500#. Roll hole. Dump 1 sk of sand on the plug. Unland casing. Pick Up mule shoe and TIH w/17 jts of 1 1/4" to 535'. Pump 350 sks of "G" neat 15.8 ppg cement from 544' to surface. Reland casing 65K pulled. Bond log from 1109' to surface, found cement from 550' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 1/16" 4.7 # J-55 tubing to 6766' 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: jwebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400463880	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"/>
<b>Other Attachments</b>			
400463878	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)