

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:
400478430

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 05-123-13817-00 6. County: WELD
 7. Well Name: TREBOR Well Number: B11-6
 8. Location: QtrQtr: SENW Section: 11 Township: 5N Range: 64W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL 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: 56604

12. Spud Date: (when the 1st bit hit the dirt) 02/17/1988 13. Date TD: 02/21/1988 14. Date Casing Set or D&A: 02/21/1988

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

16. Total Depth MD 6899 TVD** _____ 17 Plug Back Total Depth MD 6886 TVD** _____

18. Elevations GR 4610 KB 4599 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	294	250	0	294	CALC
1ST	7+7/8	4+1/2	15.1	0	6,899	220	5,806	6,899	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/02/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		195	0	415
	S.C. 1.1		125	415	646

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 214 jts. Tagged fill at 6752' KB. TIH w/ RBP, retrieved head, 200 jts 2 3/8" tubing. Set RBP @ 6245' KB w/ 200 jts. Spot 2 sks sand on RBP.
 Pick Up mule shoe and TIH w/18jts of 1 1/4" to 646'. Test lines to 2500 psi. Pump 125 sks of "G" neat 15.8 ppg cement from 646' to 415'. Test casing to 500psi. Run CBL from 1000' to surface; bottom cement at 646' and top 415'. Test lines to 2000 psi. Pump 195 sks of "G" neat 15.8 ppg cement from 415' to surface. Run CBL from 1000 to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test packer to 500 PSI, good test Land 2 3/8" 4.7 # J-55 tubing to 6245' KB. Mix up 25 sks 16.5 PPG cement fill surface casing pressure to 500psi; surface casing to top off. 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 ?	
Attachment Checklist			
400478691	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			
400478656	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400480037	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)