

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:

400506672

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 05-123-30729-00 6. County: WELD  
7. Well Name: TREBOR B Well Number: 11-21  
8. Location: QtrQtr: SWNE Section: 11 Township: 5N Range: 64W Meridian: 6  
Footage at surface: Distance: 2490 feet Direction: FNL Distance: 2483 feet Direction: FEL  
As Drilled Latitude: 40.414281 As Drilled Longitude: -104.517047

GPS Data:

Data of Measurement: 01/19/2010 PDOP Reading: 4.9 GPS Instrument Operator's Name: Brian DeRose

\*\* 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:

12. Spud Date: (when the 1st bit hit the dirt) 01/03/2010 13. Date TD: 01/06/2010 14. Date Casing Set or D&A: 01/07/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6889 TVD\*\* 17 Plug Back Total Depth MD 6826 TVD\*\*

18. Elevations GR 4598 KB 4614

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		0	570	314	0	570	CALC
1ST	7+7/8	4+1/2		0	6,870	542	2,352	6,870	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/29/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		380	0	1,813

Details of work:

Control well w/25 bbl kill fluid. RIH w/ blade bit, and scraper, 217 jts. TIH w/ RBP, retrieved head, 221 jts 2 3/8" tubing. Set RBP @ 6390' KB w/ 221 jts. Pressure test to 1000#. Roll hole. Unland casing. Dump 2 sks sand. Pick Up mule shoe and TIH w/58 jts of 1 1/4" to 1798'. Test lines to 2000 psi. Pump 380 sks of "G" neat 15.8 ppg cement from 4800' to 4200'. Pump 250 sks of "G" neat 15.8 ppg cement from 1813' to surface. Reland casing. Bond log from 2050' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500 psi. Land 2 3/8" 4.7 # J-55 tubing to 6699' 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>			
400506680	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>			
400506681	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400506682	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)