


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:  
400543776  
  
Date Received:  
01/22/2014

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER    State: CO    Zip: 80202

4. Contact Name: Kathleen Mills  
Phone: (720) 587-2226  
Fax: (303) 228-4286

5. API Number 05-123-16724-00  
7. Well Name: CLC RED W  
8. Location: QtrQtr: NESE    Section: 15    Township: 2N    Range: 66W    Meridian: 6  
Footage at surface:    Distance: 1985 feet    Direction: FSL    Distance: 662 feet    Direction: FEL  
As Drilled Latitude:    As Drilled Longitude:

6. County: WELD  
Well Number: 15-09

GPS Data:  
Data 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) 04/23/1993    13. Date TD: 04/27/1993    14. Date Casing Set or D&A: 04/27/1993

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

16. Total Depth    MD 7675    TVD\*\*    17 Plug Back Total Depth    MD 7671    TVD\*\*

18. Elevations    GR 5053    KB 5064    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+2/5          | 24    | 0             | 906           |           | 0       | 906     |        |
| 1ST         | 7+7/8        | 2+7/8          | 6.5   | 0             | 7,675         |           | 6,676   | 7,675   |        |

STAGE/TOP OUT/REMEDIAL CEMENT

Date Run: 5/19/2014 Doc [#400543776] Well Name: CLC RED W 15-09Page 1 of 2

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH      | SURF   | 1,134                             | 400           | 0          | 1,134         |
| 1 INCH      | SURF   | 4,900                             | 200           | 4,316      | 4,900         |

Details of work:

Annular fill to meet requirements outlined in doc 2482329.

5/23/2013 MECHANICALLY SET RBP W/SAND PLUG ON TOP, NO WIRELINE USED, RBP set at 7454'.

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: Kathleen Mills

Title: Regulatory Analyst Date: 1/22/2014 Email: kmills@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 2114533                     | 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>    |                       |            |                                     |    |                                     |
| 400543776                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400543789                   | CEMENT BOND           | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400543791                   | CEMENT BOND           | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment   | Comment Date        |
|------------|---|---------------------|
| Permit     | Received corrected Cement Job Summary.<br>Ready to pass.                                    | 3/7/2014 8:59:41 AM |
| Permit     | Well name is incorrect on Cement Job Summary (API is correct).<br>Requested corrected copy. | 3/6/2014 8:44:01 AM |

Total: 2 comment(s)