

FORM  
5Rev  
09/14

## 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:

400747873

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

OGCC Operator Number: 100322

Contact Name: Kathleen Mills

Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-18623-00

County: WELD

Well Name: BICKLING

Well Number: 3-44

Location: QtrQtr: SESE Section: 3 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 861 feet Direction: FSL Distance: 461 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:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: 64301

Spud Date: (when the 1st bit hit the dirt) 10/26/1994 Date TD: 10/29/1994 Date Casing Set or D&amp;A: 10/30/1994

Rig Release Date: 10/30/1994 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7355 TVD\*\* Plug Back Total Depth MD 7282 TVD\*\*

Elevations GR 4784 KB 4795 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL-2

## CASING, LINER AND CEMENT

| 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             | 436           |           | 0       | 436     | VISU   |
| 1ST         | 7+7/8        | 3+1/2          | 7.70  | 0             | 7,312         |           | 6,446   | 7,312   | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

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

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH      | SURF   | 600                               | 175           | 0          | 600           |

Details of work:

1-1/4" STRING SIZE, PLUG IN WELLBORE FOR WBI. 11/21/2014 PLUG SET @6942' W 2 SXS SAND ON TOP

### **FORMATION LOG INTERVALS AND TEST ZONES**

| FORMATION NAME | Measured Depth |        | Check if applies |       | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
|                | Top            | Bottom | DST              | Cored |   |
|                |                |        |                  |       |   |

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: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### **Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400748186                   | 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"/>            |
| 400748187                   | Other                 | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400747880                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400747882                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### **General Comments**

**User Group**      **Comment**      **Comment Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)