

FORM  
5

Rev  
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



Document Number:

400417262

Date Received:

05/13/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 100322 Contact Name: Julie Webb  
Name of Operator: NOBLE ENERGY INC Phone: (720) 578-2316  
Address: 1625 BROADWAY STE 2200 Fax:  
City: DENVER State: CO Zip: 80202

API Number 05-123-13528-00 County: WELD  
Well Name: FOOSE Well Number: A18-9  
Location: QtrQtr: NESE Section: 18 Township: 6N Range: 64W Meridian: 6  
Footage at surface: Distance: 1900 feet Direction: FSL Distance: 500 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: 67861

Spud Date: (when the 1st bit hit the dirt) 06/27/1987 Date TD: 07/01/1987 Date Casing Set or D&A: 07/01/1987  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7136 TVD\*\* Plug Back Total Depth MD 7123 TVD\*\*

Elevations GR 4707 KB 4717 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
Gamma Ray CCL/CBL

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	305	215	0	305	VISU
1ST	7+7/8	4+1/2	15.1	0	7,136	220	6,302	7,136	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/06/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	S.C. 1.1		400	0	764
1 INCH	S.C. 1.1		300	3,490	4,214

Details of work:

Control well w/ 2% KCL water. RIH w/ blade bit, and scraper, 221jts. Tagged fill at 6976' KB. TIH w/ RBP, retrieved head, 212 jts 2 3/8" tubing. Set RBP @ 6570' KB w/ 212 jts. Pressure test to 1000#. Spot 2sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/134 jts of 1 1/4" to 4213'. Test lines to 3500 psi. Pump 300 sks of fraccem @13.5 ppg cement from 4214' to 3490'. Pump 400 sks of "G" neat 15.8 ppg cement from 764' to surface. Reland casing. Bond log from 5000' to surface. There is cement from 4200' to 3490' and from 750' to 150'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 4.7 # J-55 tubing to 6946' KB. Rig down and move off.

### 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	

Operator Comments

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: 5/13/2013 Email: juliewebb@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400417297	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>			
400417262	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417298	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417306	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)