

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



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Document Number:
400783721

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: <u>100322</u>	Contact Name: <u>Kathleen Mills</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-05715-00</u>	County: <u>WELD</u>
Well Name: <u>Alice Nay</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>3</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>660</u> feet Direction: <u>FSL</u>	Distance: <u>1980</u> feet Direction: <u>FEL</u>
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: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/15/1958 Date TD: 06/27/1958 Date Casing Set or D&A: 06/27/1958
Rig Release Date: 06/27/1958 Per Rule 308A.b.

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

Total Depth MD 6439 TVD** _____ Plug Back Total Depth MD 6439 TVD** _____

Elevations GR 4657 KB 4668 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
NO NEW LOGS RUN - PLAN TO P&A

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	146	100	0	146	VISU
1ST LINER		5+1/2	20	0	150	50	0	150	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	149	30	0	149
1 INCH	SURF	150	50	0	150
1 INCH	SURF	150	70	0	150
1 INCH	SURF	150	41	60	150

Details of work:

7/11/2014 SQUEEZE THRU CASING LEAK, NO PERF HOLES SHOT.
 7/14/2014 INSTALL 5-1/2" SCAB LINER 0-150', PUMP 50 SXS W/1-1/4" STRING SIZE - GOOD CEMENT
 7/16/2014 PUMPED 70 SXS, WAITED, CASING HAD SLIGHT BLOW
 7/17/2014 PUMPED 41 SXS - GOOD CEMENT RETURNS
 PLAN TO P&A WELL

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>			
400786978	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)