

**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:

400431463

Date Received:

06/10/2013

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) 587-2316
Address: 1625 BROADWAY STE 2200 Fax: _____
City: DENVER State: CO Zip: 80202

API Number 05-123-14285-00 County: WELD
Well Name: LUCCI-BC B Well Number: 01-10
Location: QtrQtr: NWSE Section: 1 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 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: KERSEY Field Number: 44600Federal, Indian or State Lease Number: 56615Spud Date: (when the 1st bit hit the dirt) 08/03/1989 Date TD: 08/09/1989 Date Casing Set or D&A: 08/09/1989

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 6946 TVD** _____ Plug Back Total Depth MD 6936 TVD** _____Elevations GR 4599 KB 4612 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	275	90	0	275	CALC
1ST	7+7/8	3+1/2	9.3	0	6,936	310	6,150	6,936	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/10/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	S.C. 1.1		400	0	650

Details of work:

Control well w/ recycled water. RIH w/ blade bit, and scraper, 217 jts. Tagged fill at 6775' KB. Roll hole clean. TIH w/ RBP, retrieved head, 203 jts 2 3/8" tubing. Set RBP @ 6339' KB w/ 203 jts. Roll hole. Pressure test to 1000#. Spot 2sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/17 jts of 1 1/4" to 537'. Test lines to 3500 psi. Pump 400 sks of "G" neat 15.8 ppg cement from 650' to surface. Reland casing. Bond log from 1000' to surface. There is cement from 650' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 1/16" 3.25# J-55 tubing to 6741' 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: 6/10/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400431477	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>					
400431463	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431469	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)