

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:

400507003

Date Received:

11/04/2013

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 05-123-13498-00 County: WELD
Well Name: TREBOR Well Number: B11-5
Location: QtrQtr: SWNW Section: 11 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FWL
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: 44600
Federal, Indian or State Lease Number: 56584

Spud Date: (when the 1st bit hit the dirt) 06/22/1987 Date TD: 06/26/1987 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 6866 TVD** Plug Back Total Depth MD 6853 TVD**

Elevations GR 4599 KB 4610 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	319	220	0	319	CALC
1ST	7+7/8	4+1/2	15.1	0	6,866	230	5,680	6,866	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	S.C. 1.1	1,567	480	0	1,550

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper. TIH w/ RBP, retrieved head, 214 jts 2 3/8" tubing. Set RBP @ 6390' KB w/ 214 jts. Pressure test to 1000#. Roll hole. Unland casing.
 Pick Up mule shoe and TIH w/50 jts of 1 1/4" to 1567'. Test lines to 2000 psi. Pump 480 sks of "G" neat 15.8 ppg cement from 1550' to surface. Reland casing. Bond log from 2000' to surface, verify cement from 1600' to surface. 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 6710' 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: 11/4/2013 Email: MClark@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400507004	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>			
400507003	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507005	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507006	PDF-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)