

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



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Document Number:

401913227

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: LOGAN BOUGHAL

Name of Operator: NOBLE ENERGY INC

Phone: (832) 6397447

Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

API Number 05-123-15625-00

County: WELD

Well Name: TREBOR

Well Number: B11-23

Location: QtrQtr: CSE Section: 11 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1337 feet Direction: FSL Distance: 1322 feet Direction: FEL

As Drilled Latitude: 40.410162 As Drilled Longitude: -104.512886

## GPS Data:

Date of Measurement: 05/25/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: Paul Tappy

\*\* 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: 63139

Spud Date: (when the 1st bit hit the dirt) 03/02/1992 Date TD: 03/06/1992 Date Casing Set or D&amp;A: 03/06/1992

Rig Release Date: 03/06/1992 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 6865 TVD\*\* Plug Back Total Depth MD 6827 TVD\*\*

Elevations GR 4593 KB 4603 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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	313	200	0	313	VISU
1ST	7+7/8	2+7/8	9.3	0	6,830	250	6,110	6,830	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/18/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		230	2,166	3,995
	1ST		60	5,104	5,177

Details of work:

CREW TRAVEL TO LOC. SAFETY MEETING ABOUT BJ. CHECK PSI. CASING 0# SCG%. P/O 3 JTS START TO CIRCULATE HOLE W/ 168 JTSS @5242.17' RU BJ TO START PUMPING CEMENT. PULL 20 STRANDS RIG UP BJ TO PUMP 2ND STAGE W/ 128 JTS @ 3995.37'. PUMP CEMENT TOO H W/128JTS & M/S JU HEAD & CEMENT FLANGES. PULL 41K SET SLIPS PACK OFF S/C WELL HEAD. N/UP WELL HEAD TO 2:30 & BOPS. SHUT IN WELL. CLEAN MUD TANK. 2:30-3:00 CREW TRAVEL.

TOC is estimated, no CBL ran

## 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	
FOX HILLS	199				
PARKMAN	3,439				
SUSSEX	3,937				
SHANNON	4,718				
NIOBRARA	6,447				
FORT HAYS	6,695				
CARLILE	6,709				
CODELL	6,747				
GREENHORN	6,776				

Comment:

Form 5 is being submitted to report the casing repair from 2007

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II

Date: \_\_\_\_\_

Email: LOGAN.BOUGHAL@NBLENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<u>Other Attachments</u>			
401914602	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

