

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:
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&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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
401914602	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

