

FORM  
5

Rev  
10/14

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

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Date Received:

## 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/or 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: Craig Richardson  
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232  
 Address: 1001 NOBLE ENERGY WAY Fax: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77070 Email: julie.webb@nblenergy.com

API Number 05-123-17118-00 County: WELD  
 Well Name: OTTOSON Well Number: 32-15  
 Location: QtrQtr: SWSE Section: 32 Township: 7N Range: 65W Meridian: 6  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 Footage at surface: Distance: 757 feet Direction: FSL Distance: 1825 feet Direction: FEL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_  
 GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* 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: 59332

Spud Date: (when the 1st bit hit the dirt) 07/31/1993 Date TD: 08/04/1993 Date Casing Set or D&A: 08/04/1993  
 Rig Release Date: 08/05/1993 Per Rule 308A.b.

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

Total Depth MD 7412 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7362 TVD\*\* \_\_\_\_\_  
 Elevations GR 4824 KB 4835 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	469	300	0	469	VISU
1ST	7+7/8	4+1/2	11.6	0	7,404	490	6,208	7,404	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/21/1993

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	3,800	50	3,730	3,960
	1ST		175	3,816	3,823

Details of work:

### 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:

The form 5 is being submitted to report the casing repair from 1993.

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: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: julie.webb@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>			
402215977	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)

