

**FORM**  
**5**Rev  
10/14**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:

402175321

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&amp;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)

