

FORM  
5Rev  
10/14State 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:

10/21/2019

## 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: Denverregulatory@nobleenergy.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:

 \*\* 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	225	3,730	3,960

Details of work:

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**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.
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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: 10/21/2019 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>					
402175321	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402215977	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)

