

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:

402031527

Date Received:

06/27/2019

## 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@nbleenergy.com

API Number 05-123-13925-00

County: WELD

Well Name: HENRY

Well Number: 5-3

Location: QtrQtr: NESE

Section: 5

Township: 4N

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2091 feet

Direction: FSL Distance: 480 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: Rng: feet

Direction: Sec: Twp: Rng: feet

Sec: Twp: Rng: feet

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction: Rng: feet

Direction: Sec: Twp: Rng: feet

Sec: Twp: Rng: feet

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: 67902

Spud Date: (when the 1st bit hit the dirt) 04/16/1988

Date TD: 04/21/1988

Date Casing Set or D&amp;A: 04/22/1988

Rig Release Date: 04/22/1988 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7217

TVD\*\*

Plug Back Total Depth MD 7150

TVD\*\*

Elevations GR 4683

KB 4694

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           | 230       | 0       | 313     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,213         | 170       | 6,223   | 7,213   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 10/02/1998

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE     | 1ST    | 4,900                             | 500           | 3,714      | 4,900         |
| 1 INCH      | 1ST    | 3,714                             | 632           | 957        | 3,714         |

Details of work:

4/12/1994: squeeze 500 sxs Class G cmt from 3714'-4900'

10/2/1998: remedial cement form 957'-3714 with 467 sxs 36:65 Poz C and 165 sxs 50:50 Poz G

**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:

Form 5 submitted to report cement repairs on 4/12/1994 and 10/2/1998.

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: 6/27/2019

Email: julie.webb@nblenergy.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 402031583                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input 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>    |                       |            |                                     |    |                                     |
| 402031527                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 402031584                   | 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)

