

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

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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: <u>100322</u>	Contact Name: <u>Craig Richardson</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4232</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>Denverregulatory@nblenergy.com</u>

API Number <u>05-123-13925-00</u>	County: <u>WELD</u>
Well Name: <u>HENRY</u>	Well Number: <u>5-3</u>
Location: QtrQtr: <u>NESE</u> Section: <u>5</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2091</u> feet Direction: <u>FSL</u> Distance: <u>480</u> feet Direction: <u>FEL</u>	
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: <u>WATTENBERG</u>	Field Number: <u>90750</u>
Federal, Indian or State Lease Number: <u>67902</u>	

Spud Date: (when the 1st bit hit the dirt) 04/16/1988 Date TD: 04/21/1988 Date Casing Set or D&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 <u>7217</u>	TVD** _____	Plug Back Total Depth	MD <u>7150</u>	TVD** _____
Elevations	GR <u>4683</u>	KB <u>4694</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>		

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)

