

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400299092

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: Sarah Finnegan

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2265

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34968-00

6. County: WELD

7. Well Name: BICKLING PC E

Well Number: 03-21D

8. Location: QtrQtr: SENE Section: 3 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 2397 feet Direction: FNL Distance: 242 feet Direction: FEL

As Drilled Latitude: 40.516470 As Drilled Longitude: -104.640650

## GPS Data:

Data of Measurement: 04/13/2012 PDOP Reading: 3.5 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 2419 feet. Direction: FNL Dist.: 2376 feet. Direction: FEL

Sec: 3 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2408 feet. Direction: FNL Dist.: 2373 feet. Direction: FEL

Sec: 3 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2012 13. Date TD: 03/31/2012 14. Date Casing Set or D&amp;A: 04/02/2012

## 15. Well Classification:

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

16. Total Depth MD 7745 TVD\*\* 7310 17 Plug Back Total Depth MD 7688 TVD\*\* 7253

18. Elevations GR 4838 KB 4851

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL, Triple Combo

## 20. Casing, Liner and Cement:

## CASING

| 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          | 24.00 | 0             | 749           | 250       | 0       | 760     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.60 | 0             | 7,734         | 635       | 1,382   | 7,745   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

|                         |        |                                   |               |            |               |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ |        |                                   |               |            |               |
| Method used             | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|                         |        |                                   |               |            |               |
| Details of work:        |        |                                   |               |            |               |

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES |                |        |                          |                          |   |
|--|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                         | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|  | Top            | Bottom | DST                      | Cored                    |   |
| PIERRE                                 | 3,126          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN                                | 4,078          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX                                 | 4,911          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                | 5,483          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,278          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 7,560          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,585          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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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: Sarah Finnegan

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: sfinnegan@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400304541                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400302473                   | Directional Survey **  | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | DST Analysis           | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Logs                   | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Other                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 400302463                   | LAS-CEMENT BOND        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400302468                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400305269                   | DIRECTIONAL DATA       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)