

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:

400374119

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: Julie Webb

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2079

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-18710-00

6. County: WELD

7. Well Name: HUNGENBERG WATSON

Well Number: E 21-14

8. Location: QtrQtr: SESW Section: 21 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 465 feet Direction: FSL Distance: 2181 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 64242

12. Spud Date: (when the 1st bit hit the dirt) 11/06/1994 13. Date TD: 11/10/1994 14. Date Casing Set or D&A: 11/10/1994

15. Well Classification:

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

16. Total Depth MD 7300 TVD** 17 Plug Back Total Depth MD 7270 TVD**

18. Elevations GR 4718 KB 4731

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:

Gamma Ray CCL/CBL

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	0	355	250	0	355	CALC
1ST	7+7/8	3+1/2	7.7	0	7,280	215	2,800	7,300	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/15/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		235	13	570

Details of work:

Control well with kill fluid. RIH Bit & Scraper and RIH W/ 223 jts 2 1/16" 3.25# N-80 tubing. Tagged fill at 7120 KB. Set the RBP @ 6600' KB W/207 jts.

Pick up mule shoe and 18jts 1 1/4 to 570'. Established circulation. Tested lines to 3500 psi. Pimp 5 bbls spacer ahead. Pump 235 sks of "G" neat 15.8ppg cement from 570' to surface. Bond log from 1000' to surface. Annular fill bottom of cement was at 570'. New string tested to 6500 psi. Land 1 1/4 2.7# J-55 tubing to 7048.48' KB. Rig down and move off.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Gamma Ray CCI/CBL hard copies will be mailed.

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: Regulatory Analyst Date: _____ Email: julie.webb@nobleenergyinc.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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)