

**FORM**  
**5**  
Rev  
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



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Document Number:  
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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 05-123-18711-00 6. County: WELD  
 7. Well Name: BICKLING Well Number: E 21-15  
 8. Location: QtrQtr: SWSE Section: 21 Township: 6N Range: 65W Meridian: 6  
 Footage at surface: Distance: 641 feet Direction: FSL Distance: 1982 feet Direction: FEL  
 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: 58697

12. Spud Date: (when the 1st bit hit the dirt) 11/23/1994 13. Date TD: 11/26/1994 14. Date Casing Set or D&A: 01/12/1995

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7270 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7231 TVD\*\* \_\_\_\_\_

18. Elevations GR 4707 KB 4720 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	371	265	0	371	CALC
1ST	7+7/8	4+1/2	11.6	0	7,258	435	0	7,270	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		165	0	466

Details of work:

Control well with kill fluid. Pick up Bit and scraper and tally in off float 225 jts, 2 3/8" 4.7# J-55 2 3/8 tubing. Tagged fill at 7145 KB. No clean out necessary. TIH w/ RBP, reteriving head, 225 jts tubing. Set RBP @ 6600' KB w/ 207 jts. PSI test csg to 500#, held solid. unland casing and nu dual outlet flange.  
 Pick up mule shoe and tally in off float with 15 jts of 1 1/4 to 450'. Established circulation and rolled hole. Tested iron to 2500 psi. Pump 3 bbls spacer ahead. Pump 165 sks of "G" neat 15.8 ppg cement from 467' to surface. Bond log from 1000' to surface. Annualr fill bottom of cement was at 464' showed good cement to surface. Tested tubing to 6500 psi. Landed 1 1/4 tubing to 7056'. 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 CCL/CBL hard copy 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: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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)