

**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



DE ET OE ES

Document Number:

400375688

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) 587-2316

3. Address: 1625 BROADWAY STE 2200

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-15139-00

6. County: WELD

7. Well Name: LORENZ

Well Number: F22-2

8. Location: QtrQtr: NWNE Section: 22 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1790 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: 62961

12. Spud Date: (when the 1st bit hit the dirt) 08/14/1991 13. Date TD: 08/19/1991 14. Date Casing Set or D&A: 08/19/1991

15. Well Classification:

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

16. Total Depth MD 7120 TVD** 17 Plug Back Total Depth MD 7106 TVD**

18. Elevations GR 4623 KB 4633

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+1/2	8+5/8	24	0	319	310	0	319	CALC
1ST	7+7/8	2+7/8	6.5	0	7,109	300	6,078	7,120	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/05/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	0	559

Details of work:

Control well w/kill fluid. RIH w/ blade bit and CSG scraper for 227 jts 1 1/4" csg. Tagged fill at 7100 KB. TIH w/RBP, retrieved head, 198 jts tubing. Set RBP @ 6200 KB w/ 198 jts. Poured 2sks sand down csg for RBP. Unland casing head. NU and RIH w/ 1 1/4" mule shoe and 144 jts end tubing @ 4507'.
 RU cement crew, pump 175 sxs 13.5ppg 50/50 Pozmix cement covering top of Sussex. Pick Up mule shoe and TIH w/144 jts of 1 1/4" to 559'. Pump 200 sks of "G" neat 15.8 ppg cement from 559' to surface. Relanded casing at 40000# pack off well head. Bond log from 5000' to surface. Annular fill bottom cement was at 559'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500psi. Land 1 1/2 2.7# J-55 tubing to 6936.12. 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 ?			
<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**

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Total: 0 comment(s)