

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:

400381686

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 05-123-15626-00 6. County: WELD  
7. Well Name: OCOMA Well Number: G25-23  
8. Location: QtrQtr: CSE Section: 25 Township: 4N Range: 65W Meridian: 6  
Footage at surface: Distance: 1320 feet Direction: FSL Distance: 1308 feet Direction: FEL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data 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: 68475

12. Spud Date: (when the 1st bit hit the dirt) 03/07/1992 13. Date TD: 03/12/1992 14. Date Casing Set or D&A: 03/12/1992

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7232 TVD\*\* 17 Plug Back Total Depth MD 7210 TVD\*\*

18. Elevations GR 4826 KB 4837 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	466	260	0	466	CALC
1ST	7+7/8	2+7/8	6.5	0	7,228	225	6,560	7,232	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/12/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		275	11	777
	S.C. 1.1		300	3,642	4,850

Details of work:

Control well w/ 30 bbls kill fluid. NU and RIH w/Bit and scrape, 214 jts. Circulate hole. Test RBP to 1000#, good test. TIH w/76 stnds of 1 1/4" tbg to 4397' KB. Pump 275 sks of 50/50 Poz cement from 3642' to 4850'. TOOH w/65 stnds of 1 1/4" tbg. Pump 300 sks of "G" neat 15.8 ppg cement from 777' to 11'. Flush hole. RIH w. retrieving tool. Tag sand fill W/ 212 jts. Circulate sand out, latch onto plug and release. TIH tag fill at 7177. Land 1 1/4" J-55 tubing to 7091'. 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>			
400383787	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400381912	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)