

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:

400383904

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 05-123-10500-00

6. County: WELD

7. Well Name: LUNDVALL

Well Number: 1

8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 1920 feet Direction: FSL Distance: 1920 feet Direction: FWL

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: 64025

12. Spud Date: (when the 1st bit hit the dirt) 12/19/1981 13. Date TD: 01/12/1982 14. Date Casing Set or D&A: 01/14/1982

15. Well Classification:

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

16. Total Depth MD 7986 TVD** 17 Plug Back Total Depth MD 7710 TVD**

18. Elevations GR 4920 KB 4925

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 | 218 | 125 | 0 | 218 | CALC |
| 1ST | 7+7/8 | 5+1/2 | 14/15.5 | 0 | 7,985 | 500 | 6,330 | 7,986 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/02/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| PERF & PUMP | S.C. 1.1 | 551 | 300 | 5 | 591 |

Details of work:

Control well w/ 30 bbls kill fluid. RIH w/ 2 3/8" bit and scraper 234 jts. Tag fill at 7397'. Roll hole clean . POOH with tubing PU 5 1/2" WLTC RBP set @ 7279' KB w/ 230 jts. PSI test csg to 1000#, no loss. Bond log from 6330 to surface. TOC is at 6130'. RIH w/ sqz guns to 551 and shot 2 holes. Test iron to 3000 psi. Pump 3.5 bbls spacer ahead. Pump 300 sks of "G" neat 15.8 ppg cement from 591' to surface. PU 4 3/4" cone bit and 3 3/4" dill collats and TIH tag cement at 420'. Drill out to 510'. Roll hole clean. Test hole to 500 psi, good test. Run Bond log form 750' to surface. Annular cement bottom is at 586' with excellent bond to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" J-55 tubing to 7398'. 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 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> | | | | | |
| 400383985 | 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 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)