

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:

400388845

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 05-123-15915-00

6. County: WELD

7. Well Name: SPIKE ST GWS

Well Number: D 16-14

8. Location: QtrQtr: SESW Section: 16 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 512 feet Direction: FSL Distance: 2134 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: 70/7884-S

12. Spud Date: (when the 1st bit hit the dirt) 07/20/1992 13. Date TD: 07/23/1992 14. Date Casing Set or D&A: 07/23/1992

15. Well Classification:

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

16. Total Depth MD 7134 TVD** 17 Plug Back Total Depth MD 7026 TVD**

18. Elevations GR 4787 KB 4797

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	351	260	0	351	CALC
1ST	7+7/8	3+1/2	9.3	0	7,091	450	6,260	7,134	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/10/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		250	10	508

Details of work:

Control well w/ 30 bbls kill fluid. RIH w/ 2 7/8" blade bit, and 3 1/2" scraper, 159 jts. Tagged fill at 5000 KB. Roll hole. TIH w/ WLTC RBP, retrieved head, 136 jts. Set RBP @ 4280' KB w/ 136 jts. Roll hole clean. PSI test csg to 500#, with no pressure loss. Dump 1 sk of sand on plug. Unland casing.

RIH w/16 jts of 1 1/4" to 503'. Roll hole clean. Pump 250 sks of "G" neat 15.8 ppg cement from 508' to 10'. Reland casing @ 60000# pack off well head. Bond log from 4000' to surface, cement bond looked good. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. 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>					
400388961	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)