

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:

400391171

Date Received:

03/14/2013

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 05-123-14522-00

6. County: WELD

7. Well Name: BURKE

Well Number: 24-3

8. Location: QtrQtr: NESE Section: 24 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 2003 feet Direction: FSL Distance: 658 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: 68744

12. Spud Date: (when the 1st bit hit the dirt) 01/08/1990 13. Date TD: 01/12/1990 14. Date Casing Set or D&A: 01/13/1990

15. Well Classification:

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

16. Total Depth MD 7225 TVD** 17 Plug Back Total Depth MD 7174 TVD**

18. Elevations GR 4830 KB 4839

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	439	280	0	439	CALC
1ST	7+7/8	4+1/2	15.1	0	7,198	1,020	4,153	7,225	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/21/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	3,662	4,432
	S.C. 1.1		250	0	662

Details of work:

Control well w/ 2% KCL. RIH w/ blade bit and scraper, 227 jts. Tagged fill at 7127 KB. Establish circulation and roll hole. TIH w/ RBP, retrieved head, 215 jts 2 3/8" tubing. Set RBP @ 6757' KB w/ 215 jts. Roll hole clean. PSI test csg to 1200#, good test. Unland casing. Pick Up mule shoe and TIH w/70 jts of 1 1/4" to 2205'. Roll hole clean. Test iron to 2500psi. Pump 3 bbl ahead. Pump 200 sks of 50/50 POZ 13.5 ppg cement from 4089' to 3662'. Pump 3 bbl ahead. Pump 250 sks of "G" neat 15.8 ppg cement from 662' to surface. Reland casing @ 65K. Bond log from 5000' to surface. Logs show good cement coverage from 4132' to 3125' and from 700' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 3.25# J-55 tubing to 7109'. 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: 3/14/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400391339	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"/>
<u>Other Attachments</u>					
400391171	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)