

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

400389723

Date Received:

03/21/2013

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 05-123-13989-00 6. County: WELD
7. Well Name: COLTRANE-PM Well Number: J28-5
8. Location: QtrQtr: SWNW Section: 28 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 1653 feet Direction: FNL Distance: 607 feet Direction: FWL
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: 67827

12. Spud Date: (when the 1st bit hit the dirt) 09/28/1988 13. Date TD: 10/04/1988 14. Date Casing Set or D&A: 10/04/1988

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7491 TVD** 17 Plug Back Total Depth MD 7489 TVD**

18. Elevations GR 4878 KB 4888
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	330	210	0	330	CALC
1ST	7+7/8	4+1/2	15.1	0	7,489	210	6,705	7,491	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/02/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		250	10	546

Details of work:

Control well w/40 bbls kill fluid. NU and PU w/ blade bit, scraper, 229 jts. TIH w/RBP, retrieved head, 228 jts tubing. Set RBP @ 7000' KB w/ 228 jts. PSI test csg to 1000#, held great. Spotted 2 sks sand on RBP. Unland casing. Pick Up mule shoe and TIH w/17 jts of 1 1/4" to 538'. Established circulation. Test iron to 2500 psi. Pump 3 bbls spacer ahead. Pump 250 sks of "G" neat 15.8 ppg cement from 537' to surface. Had circulation during entire job. Relanded casing at 100K. Bond log from 1000' to surface. CBL showed good bond from 537' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP and POOH S/B in derrick 228 jts and 2 3/8" tbg. 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: 3/21/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400393817	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"/>
Other Attachments			
400389723	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)