

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:

400398214

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 05-123-16653-00

6. County: WELD

7. Well Name: WATSON E

Well Number: 28-2

8. Location: QtrQtr: NWNE Section: 28 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 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: GREELEY

10. Field Number: 32760

11. Federal, Indian or State Lease Number: 59685

12. Spud Date: (when the 1st bit hit the dirt) 01/28/1993 13. Date TD: 02/03/1993 14. Date Casing Set or D&amp;A: 02/03/1993

## 15. Well Classification:

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

16. Total Depth MD 7234 TVD\*\* 17 Plug Back Total Depth MD 7190 TVD\*\*

18. Elevations GR 4702 KB 4714

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             | 325           | 230       | 0       | 325     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,225         | 220       | 6,250   | 7,234   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/17/2012

| Method used | String   | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
|             | S.C. 1.1 |                                   | 210           | 12         | 503           |

Details of work:

Control well w/ 70 bbls kill fluid. RIH w/ blade bit, and scraper, 223 jts. Tagged fill at 7140' KB. TIH w/ RBP, retrieved head, 216 jts 1 1/4" tubing. Set RBP @ 6900' KB w/ 216 jts. Rolled hole clean. Dump 2 sks of sand on plug. PSI test csg to 500#, held great. Unland casing.

Pick Up mule shoe and TIH w/15 jts of 1 1/4" to 467'. Roll hole clean. Test Iron to 3000psi. Pump 5 bbls spacer ahead. Pump 210 sks of "G" neat 15.8 ppg cement from 503' to surface. Reland casing with 78K pulled. Bond log from 1000' to surface. Coverage great over Fox hills. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 4.7# J-55 tubing to 7039'. 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> |                       |            |                                     |    |                                     |
| 400398215                   | 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"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400398216                   | LAS-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)