

**FORM  
5**Rev  
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:

400400246

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35273-00

6. County: WELD

7. Well Name: Vince State

Well Number: B13-63HN

8. Location: QtrQtr: NWSE Section: 18 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1879 feet Direction: FSL Distance: 2540 feet Direction: FEL

As Drilled Latitude: 40.397120 As Drilled Longitude: -104.479270

## GPS Data:

Date of Measurement: 06/12/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 1439 feet. Direction: FSL Dist.: 1981 feet. Direction: FWL

Sec: 18 Twp: 5N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 1276 feet. Direction: FSL Dist.: 2113 feet. Direction: FEL

Sec: 13 Twp: 5N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 80/5199-S

12. Spud Date: (when the 1st bit hit the dirt) 05/29/2012 13. Date TD: 06/05/2012 14. Date Casing Set or D&amp;A: 06/06/2012

## 15. Well Classification:

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

16. Total Depth MD 11050 TVD\*\* 6500 17 Plug Back Total Depth MD 11019 TVD\*\* 6469

18. Elevations GR 4610 KB 4634

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:

CBL, NO OTHER LOGS WERE SENT AT THIS TIME

## 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	13+3/4	9+5/8	36	0	601	329	0	601	
1ST	8+3/4	7	26	0	6,824	555	0	6,824	
2ND	6+1/8	4+1/2	11.6	6691	11,020	0			
1ST LINER	20	16	75	0	124		0	124	

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
PIERRE	2,262		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,500		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,093		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,774		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES	5,713		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,444		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM WOULD NOT ALLOW ME TO ADD 1ST LINER WITH FIRST STRING - ERROR MESSAGE THAT IT WAS A DUPLICATE CASING. THE SECOND STRING CSG IS ACTUALLY A LINER.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kathleen Mills

Title: Regulatory Analyst

Date:

Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400400270	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400400266	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400400261	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400400274	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)