

**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:

400407495

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 05-123-13713-00

6. County: WELD

7. Well Name: GEMINI UPRR

Well Number: B31-12

8. Location: QtrQtr: NWSW Section: 31 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 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: 67917

12. Spud Date: (when the 1st bit hit the dirt) 12/29/1987 13. Date TD: 01/03/1988 14. Date Casing Set or D&amp;A: 01/03/1988

## 15. Well Classification:

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

16. Total Depth MD 7207 TVD\*\* 17 Plug Back Total Depth MD 7194 TVD\*\*

18. Elevations GR 4784 KB 4795

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	300	175	0	300	CALC
1ST	7+7/8	4+1/2	15.1	0	7,207	220	6,120	7,207	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 02/07/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		200	0	466
	S.C. 1.1		200	3,770	4,760

Details of work:

Control well w/ 2% KCL. RIH w/ blade bit, and scraper, tagged fill at 7125' KB. Roll hole clean. TIH w/ RBP, retrieved head, 2 3/8" tubing. Set RBP @ 6495' KB. Pressure test to 2000#. Unland casing.  
Pick Up mule shoe and TIH to 4479'. Test lines to 2000 psi. Pump 200 sks of 50/50 POZ @13.5 ppg cement from 4760' to 3770'. Pump 200 sks of "G" neat 15.8 ppg cement from 466' to surface. Bond log from 5500' to surface. Ran RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" J-55 tubing to 7022.5' KB. 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>					
400407553	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**

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Total: 0 comment(s)