

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:
400415998

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 05-123-14282-00 6. County: WELD
 7. Well Name: LUCCI-BC B Well Number: 01-07
 8. Location: QtrQtr: SWNE Section: 1 Township: 5N Range: 64W Meridian: 6
 Footage at surface: Distance: 1980 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: KERSEY 10. Field Number: 44600

11. Federal, Indian or State Lease Number: 56615

12. Spud Date: (when the 1st bit hit the dirt) 07/09/1989 13. Date TD: 07/13/1989 14. Date Casing Set or D&A: 07/13/1989

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6942 TVD** _____ 17 Plug Back Total Depth MD 6915 TVD** _____

18. Elevations GR 4605 KB 4615

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	274	75	0	274	CALC
1ST	7+7/8	3+1/2	9.3	0	6,915	259	6,080	6,942	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/14/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	0	610

Details of work:

Control well w/ 2% KCL water. RIH w/ blade bit, and scraper, 207jts. Tagged fill at 6598' KB. Roll hole clean. TIH w/ RBP, retrieved head, 199 jts 2 1/16" tubing. Set RBP @ 6347' KB w/ 119 jts. Pressure test to 1500#. Spot 2 sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/18 jts of 1 1/4" to 560'. Test lines to 3500 psi. Pump 300 sks of "G" neat 15.8 ppg cement from 610' to surface. Reland casing. Bond log from 1100' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500 psi. Land 2 1/16" 3.25 # J-55 tubing to 6717.73' 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:

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 ?	
Attachment Checklist			
400416026	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"/>
400416025	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400416023	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)