

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



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Document Number:

400428680

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 05-123-09840-00

6. County: WELD

7. Well Name: DECHANT-USX X

Well Number: 1-6

8. Location: QtrQtr: SENW Section: 1 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1650 feet Direction: FNL Distance: 1650 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:

12. Spud Date: (when the 1st bit hit the dirt) 11/29/1979 13. Date TD: 12/12/1979 14. Date Casing Set or D&A: 12/12/1979

15. Well Classification:

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

16. Total Depth MD 7725 TVD** 17 Plug Back Total Depth MD 7657 TVD**

18. Elevations GR 4835 KB 4848

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	580	450	0	580	CALC
1ST	7+7/8	4+1/2	11.6	0	7,706	250	5,820	7,725	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/17/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	4,520	200	3,890	4,520
SQUEEZE	S.C. 1.1	626	200	626	930
	S.C. 1.1		150	0	626

Details of work:

Control well w/ 25 bbls kill fluid. RIH w/ blade bit, and scraper, 255 jts. Tagged fill at 7610.26'. TIH w/ RBP, retrieved head, 252 jts 2 1/16" tubing. Set RBP @ 7525' KB w/ 252 jts. PSI test csg to 1000#. Ran CBL to find cement. Perf gun shoot 2 sqz holes @ 4520' and 3860'. Test Iron to 4000#. Pump 10 blls ahead. Pump 200 sks of 50/50 POZ @ 13.5 ppg from 4520' to 3890'. Shoot 2 sqz holes @ 930', shoot 2 sqz holes @ 626'. Pressure test lines to 3200#s. Pump 200 sks of "G" neat cement from 930' to 626'. TIH with cone bit w/ 11 jts tag cement at 851'. RIG w/ bit and scraper w/20 jts to 659'. Test Iron to 3000psi. Pump 150 sks of 15.8ppg premium cement from 626 to surface. 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 ?			
<u>Attachment Checklist</u>					
400435208	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>					
400435211	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400447458	PDF-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)