

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:

400463350

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 05-123-22745-00

6. County: WELD

7. Well Name: DUNBAR

Well Number: 18-34

8. Location: QtrQtr: SESW Section: 18 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 843 feet Direction: FSL Distance: 2175 feet Direction: FWL

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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2005 13. Date TD: 04/09/2005 14. Date Casing Set or D&amp;A: 04/10/2005

## 15. Well Classification:

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

16. Total Depth MD 7360 TVD\*\* 17 Plug Back Total Depth MD 7329 TVD\*\*

18. Elevations GR 4815 KB 4827

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

## 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             | 811           | 593       | 0       | 811     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,343         | 395       | 3,825   | 7,360   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/15/2013

| Method used | String   | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE     | S.C. 1.1 |                                   | 100           | 3,242      | 3,475         |

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 231 jts. Tagged fill at 6960' KB. TIH w/ RBP, retrieved head, 229 jts 1 1/4" tubing. Set RBP @ 6900' KB w/ 229 jts. Pressure test to 2000#. Roll hole. Unland casing. Pick Up mule shoe and TIH w/ 102 jts of 2 3/8" to 3993'. Test lines to 700 psi. Pump 5 bbls of water Pump 100 sks of "G" neat 15.8 ppg cement from 3242' to 3475, displace with 14 bbls- wait 30 min and pump .5 bbls (PSI 90)- wait 30 mins and Pump .5 bbls (PSI 200)- wait 30 mins and pump .25 bbls (PSI 966). Test csg to 500 psi. Reland casing. Bond log from 4000' to surface. 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 7183' 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: jwebb@nobleenergyinc.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400463357                   | 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>    |                       |            |                                     |    |                                     |
| 400463360                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)