

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



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Document Number:
400478699

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: <u>100322</u>	4. Contact Name: <u>Julie Webb</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-13402-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TREBOR</u>	Well Number: <u>B11-8</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2138</u> feet Direction: <u>FNL</u>	Distance: <u>533</u> feet Direction: <u>FEL</u>
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: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: <u>68522</u>	

12. Spud Date: (when the 1st bit hit the dirt) <u>03/15/1987</u>	13. Date TD: <u>03/19/1987</u>	14. Date Casing Set or D&A: <u>03/19/1987</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>6868</u> TVD** _____	17 Plug Back Total Depth MD <u>6855</u> TVD** _____
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18. Elevations GR <u>4603</u> KB <u>4613</u>
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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	316	260	0	316	CALC
1ST	7+7/8	4+1/2	15.1	0	6,868	220	5,830	6,868	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/14/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		390	0	1,480

Details of work:

Control well w/ 10 bbls Kill Fluid. RIH w/ blade bit, and scraper, 216 jts. Tagged fill at 6723' KB. TIH w/ RBP, retrieved head, 204 jts 2 3/8" tubing. Set RBP @ 6360' KB w/ 204 jts. Pressure test RBP to 1500psi. Spot 2 sks sand on RBP. Unland casing. Pick Up mule shoe and TIH w/48 jts of 1 1/4" to 1506'. Test lines. Pump 390 sks of "G" neat 15.8 ppg cement from 1507' to 500'. Reland Casing at 92K. Run CBL from 2000 to surface, Cement from 1480 up to 510. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 4.7 # J-55 tubing to 6684' 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 ?	
Attachment Checklist			
400479127	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"/>
Other Attachments			
400479132	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)