

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:

400394020

Date Received:

03/21/2013

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 05-123-15829-00 6. County: WELD
7. Well Name: SPIKE ST GWS Well Number: CC 30-14
8. Location: QtrQtr: SESW Section: 30 Township: 4N Range: 63W Meridian: 6
Footage at surface: Distance: 656 feet Direction: FSL Distance: 1967 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: 70/7861-S

12. Spud Date: (when the 1st bit hit the dirt) 07/01/1992 13. Date TD: 07/04/1992 14. Date Casing Set or D&A: 07/04/1992

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6970 TVD** 17 Plug Back Total Depth MD 6838 TVD**

18. Elevations GR 4777 KB 4787
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	351	250	0	351	CALC
1ST	7+7/8	2+7/8	6.5	0	6,956	230	5,840	6,970	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/04/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	S.C. 1.1	564	300	0	564

Details of work:

Control well w/ 15 bbls kill fluid. RIH w/ 2 1/4" blade bit, and 2 7/8" scraper, 218 jts. Tagged fill at 6818'KB. TIH w/ RBP, retrieved head, 214 jts. Set RBP @ 6718' KB w/ 214 jts. Roll hole clean. PSI test csg to 500#, good test. Unland casing. Pick Up mule shoe and TIH w/18 jts of 1 1/4" tubing to 564'. Roll hole clean. Test Iron to 3000 psi. Pump 3 bbls ahead. Pump 300 sks of "G" neat 15.8 ppg cement from 564' to surface. Reland casing @ 44K, pack off well head. Bond log from 1000' to surface. Annular fill bottom cement was at 580' with excellent bond to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test tubing to 6500psi. Land 1 1/2" 2.7 # J-55 tubing to 6776.39. 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 will be 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: 3/21/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400394042	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"/>
Other Attachments			
400394020	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	CBL in well file.	1/28/2014 2:43:29 PM

Total: 1 comment(s)