

FORM
5

Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401085081

Date Received:

09/14/2016

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Susan Miller
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4246
Address: 1625 BROADWAY STE 2200 Fax:
City: DENVER State: CO Zip: 80202

API Number 05-123-15809-00 County: WELD
Well Name: SPIKE ST GWS Well Number: C 24-09
Location: QtrQtr: NESE Section: 24 Township: 4N Range: 64W Meridian: 6
Footage at surface: Distance: 1967 feet Direction: FSL Distance: 652 feet Direction: FEL
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:

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 63446

Spud Date: (when the 1st bit hit the dirt) 08/16/1992 Date TD: 08/20/1992 Date Casing Set or D&A: 08/21/1992
Rig Release Date: 08/21/1992 Per Rule 308A.b.

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

Total Depth MD 6954 TVD** Plug Back Total Depth MD 6838 TVD**

Elevations GR 4715 KB 4724 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL

CASING, LINER AND CEMENT

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	390	300	0	390	VISU
1ST	7+7/8	2+7/8	6.5	0	6,954	220	5,942	6,939	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/27/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST		480	84	1,575

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Susan Miller

Title: Regulatory Analyst III Date: 9/14/2016 Email: susan.miller@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401108525	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>			
401085081	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401085088	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)