

**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: 90750Federal, Indian or State Lease Number: 63446Spud Date: (when the 1st bit hit the dirt) 08/16/1992 Date TD: 08/20/1992 Date Casing Set or D&A: 08/21/1992Rig Release Date: 08/21/1992 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal 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 ?	
-------------	---------------	------------	--

Attachment Checklist

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"/>

Other Attachments

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)