

FORM
5Rev
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



DE ET OE ES

Document Number:

401929874

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

OGCC Operator Number: 100322

Contact Name: LOGAN BOUGHAL

Name of Operator: NOBLE ENERGY INC

Phone: (832) 6397447

Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

API Number 05-123-15932-00

County: WELD

Well Name: SPIKE

Well Number: D 10-10

Location: QtrQtr: NWSE Section: 10 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1982 feet Direction: FSL Distance: 1973 feet Direction: FEL

As Drilled Latitude: 40.237852 As Drilled Longitude: -104.534570

GPS Data:

Date of Measurement: 09/15/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: PAUL TAPPY

** 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: 70/7881-S

Spud Date: (when the 1st bit hit the dirt) 07/24/1992 Date TD: 08/01/1992 Date Casing Set or D&A: 08/02/1992

Rig Release Date: 08/02/1992 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7088 TVD** Plug Back Total Depth MD 7034 TVD**

Elevations GR 4769 KB 4778 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	480	360	0	480	VISU
1ST	7+7/8	3+1/2	9.3	0	7,143	625	3,836	7,143	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/01/1992

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		400	3,700	4,120

Details of work:

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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	

Comment:

Form 5 is being submitted to report the casing repair from 1992.

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

Signed: _____

Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II

Date: _____

Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401944870	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"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

