

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



Document Number:

401913227

Date Received:

01/23/2019

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: 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 05-123-15625-00

County: WELD

Well Name: TREBOR

Well Number: B11-23

Location: QtrQtr: CSE Section: 11 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1337 feet Direction: FSL Distance: 1322 feet Direction: FEL

As Drilled Latitude: 40.410162 As Drilled Longitude: -104.512886

GPS Data:

Date of Measurement: 05/25/2010 PDOP Reading: 3.0 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: 63139

Spud Date: (when the 1st bit hit the dirt) 03/02/1992 Date TD: 03/06/1992 Date Casing Set or D&A: 03/06/1992

Rig Release Date: 03/06/1992 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6865 TVD** Plug Back Total Depth MD 6826 TVD**

Elevations GR 4593 KB 4603 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CDL, CBL, CCL & GR

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	313	200	0	313	VISU
1ST	7+7/8	2+7/8	9.3	0	6,830	250	6,115	6,830	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/18/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		230	2,166	3,995
	1ST		60	5,104	5,242

Details of work:

CREW TRAVEL TO LOC. SAFETY MEETING ABOUT BJ. CHECK PSI. CASING 0# SCG%. P/O 3 JTS START TO CIRCULATE HOLE W/ 168 JTSS @5242.17' RU BJ TO START PUMPING CEMENT. PULL 20 STRANDS RIG UP BJ TO PUMP 2ND STAGE W/ 128 JTS @ 3995.37'. PUMP CEMENT TOO H W/128JTS & M/S JU HEAD & CEMENT FLANGES. PULL 41K SET SLIPS PACK OFF S/C WELL HEAD. N/UP WELL HEAD TO 2:30 & BOPS. SHUT IN WELL. CLEAN MUD TANK. 2:30-3:00 CREW TRAVEL.

TOC is estimated, no CBL ran

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	
NIOBRARA	6,386				
CODELL	6,694				
CARLILE	6,710				

Operator Comments

Form 5 is being submitted to report the casing repair from 2007

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: 1/23/2019 Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1176241	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"/>
<u>Other Attachments</u>					
401913227	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	<ul style="list-style-type: none">•Corrected plug back total depth per Doc. 183328•Corrected elogs run per Doc. 183328•Corrected Fm tops per Doc. 183328	02/13/2019

Total: 1 comment(s)

