

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:

401976015

Date Received:

03/26/2019

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: Craig Richardson
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
Address: 1001 NOBLE ENERGY WAY Fax:
City: HOUSTON State: TX Zip: 77070

API Number 05-123-13368-00 County: WELD
Well Name: STATE SCHMIDT Well Number: 36-10
Location: QtrQtr: NESE Section: 36 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.353798 As Drilled Longitude: -104.604251

GPS Data:
Date of Measurement: 12/12/2011 PDOP Reading: 5.2 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: 68536

Spud Date: (when the 1st bit hit the dirt) 03/14/1987 Date TD: 03/19/1987 Date Casing Set or D&A: 03/20/1987
Rig Release Date: 03/20/1987 Per Rule 308A.b.

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

Total Depth MD 7130 TVD** Plug Back Total Depth MD 7096 TVD**

Elevations GR 4746 KB 4757 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	347	280	0	347	VISU
1ST	7+7/8	4+1/2	15.1	0	7,143	160	0	7,143	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/09/1999

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		775	0	4,650

Details of work:

9/9/1999: Casing Repair Annular Cement: 0' - 4650' with 775 sxs cmt

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

Form 5 submitted to report casing repair 9/9/1999

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: Sr. Regulatory Analyst

Date: 3/26/2019

Email: julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1557460	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>			
401976015	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	•Requested and attached cement job summary from Operator	04/19/2019

Total: 1 comment(s)

