

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400234331

Date Received:

01/17/2012

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

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33322-00

6. County: WELD

7. Well Name: Wells Ranch AE

Well Number: 30-68HN

8. Location: QtrQtr: NWNW Section: 29 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 593 feet Direction: FNL Distance: 30 feet Direction: FWL

As Drilled Latitude: 40.463330 As Drilled Longitude: -104.356130

GPS Data:

Data of Measurement: 04/30/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 605 feet. Direction: FNL Dist.: 475 feet. Direction: FEL
Sec: 30 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 802 feet. Direction: FNL Dist.: 489 feet. Direction: FWL
Sec: 30 Twp: 6N Rng: 62W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2011 13. Date TD: 05/02/2011 14. Date Casing Set or D&A: 05/04/2011

15. Well Classification:

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

16. Total Depth MD 11055 TVD** 6498 17 Plug Back Total Depth MD 11031 TVD** 6474

18. Elevations GR 4771 KB 4795

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/GRL/CCL/VDL, PCGK/DGR/EWR.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36.00	24	585	345	0	595	CALC
1ST	8+3/4	7+0/0	26.00	24	6,883	580	470	6,900	CBL
1ST LINER	6+1/8	4+1/2	11.60	6779	11,040	0	0		

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,313		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,897		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,527		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____

Print Name: Eileen Roberts

Title: Regulatory Specialist

Date: 1/17/2012

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400242112	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400234404	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400234331	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400242113	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Operator added tops.	1/30/2012 10:07:38 AM
Permit	Waiting on log tops and Las	1/27/2012 12:18:02 PM

Total: 2 comment(s)