

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400309646

Date Received:

07/26/2012

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 05-123-34237-00 6. County: WELD
 7. Well Name: Wells Ranch USX Well Number: AA25-63-1HN
 8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 2019 feet Direction: FSL Distance: 150 feet Direction: FWL
 As Drilled Latitude: 40.455700 As Drilled Longitude: -104.394110

GPS Data:

Date of Measurement: 03/21/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1065 feet. Direction: FSL Dist.: 981 feet. Direction: FWL
 Sec: 25 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1135 feet. Direction: FSL Dist.: 528 feet. Direction: FEL
 Sec: 25 Twp: 6N Rng: 63W

9. Field Name: CROW CREEK 10. Field Number: 13610
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2011 13. Date TD: 10/29/2011 14. Date Casing Set or D&A: 10/31/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10966 TVD** 6581 17 Plug Back Total Depth MD 10950 TVD** 6565

18. Elevations GR 4790 KB 4814 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.

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
CONDUCTOR	18+1/2	16+0/0	84.00	24	124	80	0	124	CALC
SURF	13+3/4	9+5/8	36.00	24	657	359	0	667	CALC
1ST	8+3/4	7+0/0	26.00	24	7,107	590	1,300	7,117	CBL
1ST LINER	6+1/8	4+1/2	11.60	6955	10,951	0	0	10,951	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	4,331		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,908		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,706		<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: 7/26/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400309897	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400309898	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400309646	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309894	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309901	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Input corrected footages per operator. Operator will not submit MWD/LWD logs.	10/30/2012 9:04:58 AM
Permit	On Hold. Requested production footages.	10/25/2012 2:57:44 PM
Permit	On Hold. Requested production footages.	9/26/2012 3:32:39 PM

Total: 3 comment(s)