

**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



DE ET OE ES

Document Number:

400428223

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

1. OGCC Operator Number: 100322

4. Contact Name: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35648-00

6. County: WELD

7. Well Name: WELLS RANCH AE

Well Number: 18-63-1HN

8. Location: QtrQtr: SWSW Section: 18 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 1305 feet Direction: FSL Distance: 215 feet Direction: FWL

As Drilled Latitude: 40.482860 As Drilled Longitude: -104.374640

GPS Data:

Date of Measurement: 01/10/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 996 feet. Direction: FSL Dist.: 844 feet. Direction: FWL

Sec: 18 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 995 feet. Direction: FSL Dist.: 550 feet. Direction: FEL

Sec: 18 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) 12/03/2012 13. Date TD: 12/08/2012 14. Date Casing Set or D&A: 12/09/2012

15. Well Classification:

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

16. Total Depth MD 11142 TVD** 6603 17 Plug Back Total Depth MD 11126 TVD** 6587

18. Elevations GR 4832 KB 4856

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, MUD, GR

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	20	16	42.05	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	633	371	0	633	VISU
1ST	8+3/4	7	26	0	7,038	872	1,264	7,038	CALC
1ST LINER	6+1/8	4+1/2	11.6	6862	11,127	0			

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	
PARKMAN	3,656		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,486		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,983		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,942		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,601		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400428263	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400428266	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"/>
<u>Other Attachments</u>		
400428226	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428229	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428231	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428235	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428247	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428249	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400428267	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)