

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:
400444018

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-36156-00
6. County: WELD
7. Well Name: Wells Ranch State PC USX Well Number: AA16-62-1HNL
8. Location: QtrQtr: SWSW Section: 14 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 665 feet Direction: FSL Distance: 247 feet Direction: FWL
As Drilled Latitude: 40.481148 As Drilled Longitude: -104.412598

GPS Data:
Date of Measurement: 04/12/2013 PDOP Reading: 4.0 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 366 feet. Direction: FSL Dist.: 839 feet. Direction: FEL
Sec: 15 Twp: 6N Rng: 63W
** If directional footage at Bottom Hole Dist.: 269 feet. Direction: FSL Dist.: 1126 feet. Direction: FEL
Sec: 16 Twp: 6N Rng: 63W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: CO 9056-6S

12. Spud Date: (when the 1st bit hit the dirt) 03/07/2013 13. Date TD: 03/13/2013 14. Date Casing Set or D&A: 03/15/2013

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

16. Total Depth MD 12783 TVD** 6645 17 Plug Back Total Depth MD 12694 TVD** 6647

18. Elevations GR 4745 KB 4769
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	24	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	674	364	0	674	VISU
1ST	8+3/4	7	26	0	7,035	580	6,838	7,035	CALC
1ST LINER	6+1/4	4+1/2	11.6	6838	12,782	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	3,520		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	3,852		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,426		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,940		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,949		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,632		<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 ?	
Attachment Checklist			
400444280	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400444281	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			
400444238	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444239	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444243	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444254	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444256	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444258	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444259	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444261	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444283	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444934	PDF-CEMENT BOND	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)