

FORM  
5Rev  
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:

400483275

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: 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 05-123-36977-00

6. County: WELD

7. Well Name: Wells Ranch AE

Well Number: 05-67HN

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

Footage at surface: Distance: 1374 feet Direction: FNL Distance: 65 feet Direction: FEL

As Drilled Latitude: 40.519210 As Drilled Longitude: -104.356240

## GPS Data:

Date of Measurement: 09/09/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brianne Holman

\*\* If directional footage at Top of Prod. Zone Dist.: 1301 feet. Direction: FNL Dist.: 904 feet. Direction: FWL

Sec: 5 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 1333 feet. Direction: FNL Dist.: 535 feet. Direction: FEL

Sec: 5 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) 06/10/2013 13. Date TD: 06/16/2013 14. Date Casing Set or D&amp;A: 06/17/2013

## 15. Well Classification:

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

16. Total Depth MD 11166 TVD\*\* 6787 17 Plug Back Total Depth MD 11149 TVD\*\* 6787

18. Elevations GR 4933 KB 4963

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/Gamma

## 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	26+0/0	16+0/0	42.05	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	621	413	0	621	VISU
1ST	8+3/4	7+0/0	26.00	0	7,147	605	174	7,147	CALC
1ST LINER	6+1/8	4+1/2	11.60	7051	11,151	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	
PIERRE	1,227		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,685		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,989		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,749		<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: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400483373	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400483377	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>		
400483351	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483358	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483361	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483366	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483370	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483380	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400483996	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)