

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:
400486920

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 05-123-36884-00 6. County: WELD
7. Well Name: Wells Ranch USX AA Well Number: 23-63HN
8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 856 feet Direction: FSL Distance: 89 feet Direction: FWL
As Drilled Latitude: 40.467009 As Drilled Longitude: -104.394240

GPS Data:
Date of Measurement: 09/19/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 1309 feet. Direction: FSL Dist.: 838 feet. Direction: FEL
Sec: 23 Twp: 6N Rng: 63W
** If directional footage at Bottom Hole Dist.: 1285 feet. Direction: FSL Dist.: 1629 feet. Direction: FWL
Sec: 23 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) 05/26/2013 13. Date TD: 05/31/2013 14. Date Casing Set or D&A: 05/31/2013

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

16. Total Depth MD 10086 TVD** 6679 17 Plug Back Total Depth MD 10063 TVD** 6679

18. Elevations GR 4836 KB 4860
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	668	346	0	668	VISU
1ST	8+3/4	7	26	0	7,167	585	1,152	7,167	CALC
1ST LINER	6+1/8	4+1/2	11.6	7031	10,071	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	
			<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			
400487441	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400487443	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			
400487416	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487418	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487421	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487424	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487426	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487429	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487440	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487444	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)