

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:
400574283

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 05-123-37208-00
6. County: WELD
7. Well Name: WELLS RANCH AE Well Number: 20-63-1HN
8. Location: QtrQtr: NWSW Section: 20 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 1643 feet Direction: FSL Distance: 215 feet Direction: FWL
As Drilled Latitude: 40.469477 As Drilled Longitude: -104.355324

GPS Data:
Date of Measurement: 01/09/2014 PDOP Reading: 0.9 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 1005 feet. Direction: FSL Dist.: 958 feet. Direction: FWL
Sec: 20 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 989 feet. Direction: FSL Dist.: 536 feet. Direction: FEL
Sec: 20 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) 09/20/2013 13. Date TD: 09/25/2013 14. Date Casing Set or D&A: 09/26/2013

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

16. Total Depth MD 10769 TVD** 6570 17 Plug Back Total Depth MD 10753 TVD** 6570

18. Elevations GR 4785 KB 4809
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	26	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	961	485	0	961	VISU
1ST	8+3/4	7	26	0	7,033	565	806	7,033	CALC
1ST LINER	6+1/8	4+1/2	11.6	6968	10,754	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	1,074		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,549		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,095		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,894		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,930		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,541		<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			
400575178	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400574328	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			
400574314	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574316	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574318	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574320	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574322	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574324	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574325	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574332	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400575177	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)