

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:

400638210

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 05-123-37599-00

6. County: WELD

7. Well Name: Wells Ranch AA

Well Number: 21-65-1HN

8. Location: QtrQtr: SESE Section: 21 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1100 feet Direction: FSL Distance: 521 feet Direction: FEL

As Drilled Latitude: 40.467894 As Drilled Longitude: -104.434131

GPS Data:

Date of Measurement: 12/02/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: Brianne Holman

\*\* If directional footage at Top of Prod. Zone Dist.: 2291 feet. Direction: FSL Dist.: 884 feet. Direction: FEL

Sec: 21 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 2309 feet. Direction: FSL Dist.: 537 feet. Direction: FWL

Sec: 21 Twp: 6N Rng: 63W

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) 02/09/2014 13. Date TD: 02/16/2014 14. Date Casing Set or D&A: 02/17/2014

15. Well Classification:

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

16. Total Depth MD 11080 TVD\*\* 6654 17 Plug Back Total Depth MD 11063 TVD\*\* 6654

18. Elevations GR 4730 KB 4754

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	42.09	0	124	72	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	960	449	0	960	VISU
1ST	8+3/4	7+0/0	26.00	0	7,119	575	1,216	7,119	CALC
1ST LINER	6+1/8	4+1/2	11.60	7008	11,065	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	1,033		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,563		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,119		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,876		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,732		<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 ?
<b><u>Attachment Checklist</u></b>		
400638827	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400638819	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"/>
<b><u>Other Attachments</u></b>		
400638760	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638769	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638783	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638794	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638807	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638811	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638837	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)