

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:

400641808

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 05-123-37717-00

6. County: WELD

7. Well Name: Wells Ranch State AA

Well Number: 27-79HN

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

Footage at surface: Distance: 1749 feet Direction: FNL Distance: 426 feet Direction: FEL

As Drilled Latitude: 40.474544 As Drilled Longitude: -104.434031

GPS Data:

Data of Measurement: 11/27/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Lynae Hammer

** If directional footage at Top of Prod. Zone Dist.: 2638 feet. Direction: FSL Dist.: 6 feet. Direction: FEL

Sec: 22 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 535 feet. Direction: FSL Dist.: 26 feet. Direction: FWL

Sec: 27 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) 12/12/2013 13. Date TD: 12/20/2013 14. Date Casing Set or D&A: 12/23/2013

15. Well Classification:

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

16. Total Depth MD 14568 TVD** 6619 17 Plug Back Total Depth MD 14539 TVD** 6619

18. Elevations GR 4727 KB 4751

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	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	916	446	0	916	VISU
1ST	8+3/4	4+1/2	26.00	0	6,862	561	606	6,862	CALC
1ST LINER	6+1/8	4+1/2	11.60	6863	14,558	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	1,026		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,991		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,120		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,892		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,628		<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>		
400644746	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400644747	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>		
400644732	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644735	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644736	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644737	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644740	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644745	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400644757	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)