

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:  
400666664

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 05-123-38668-00  
6. County: WELD  
7. Well Name: Wells Ranch Well Number: AA35-62-1BHNC  
8. Location: QtrQtr: SWSW Section: 36 Township: 6N Range: 63W Meridian: 6  
Footage at surface: Distance: 605 feet Direction: FSL Distance: 178 feet Direction: FWL  
As Drilled Latitude: 40.437295 As Drilled Longitude: -104.394127

GPS Data:  
Date of Measurement: 08/12/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 179 feet. Direction: FSL Dist.: 559 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 145 feet. Direction: FSL Dist.: 535 feet. Direction: FWL

Sec: 35 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) 04/24/2014 13. Date TD: 05/01/2014 14. Date Casing Set or D&A: 05/03/2014

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

16. Total Depth MD 11192 TVD\*\* 6619 17 Plug Back Total Depth MD 11176 TVD\*\* 6619

18. Elevations GR 4740 KB 4764  
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:  
USIT, 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	60	0	124	VISU
SURF	13+3/4	9+5/8	36	0	623	328	0	623	VISU
1ST	8+3/4	7	26	0	6,951	570	730	6,951	CALC
1ST LINER	6+1/8	4+1/2	11.6	6813	11,177	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	1,042		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,568		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,296		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,904		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,857		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,521		<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 ?	
<b>Attachment Checklist</b>			
400666775	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400666777	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>Other Attachments</b>			
400666736	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666740	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666745	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666750	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666764	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666771	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666772	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666773	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666779	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)