

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:

400666197

Date Received:

08/18/2014

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 05-123-38670-00

6. County: WELD

7. Well Name: Wells Ranch

Well Number: AA35-62-1AHNC

8. Location: QtrQtr: SWSW Section: 36 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 680 feet Direction: FSL Distance: 178 feet Direction: FWL

As Drilled Latitude: 40.437499 As Drilled Longitude: -104.394114

GPS Data:

Date of Measurement: 08/19/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 486 feet. Direction: FSL Dist.: 667 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 536 feet. Direction: FSL Dist.: 496 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) 04/06/2014 13. Date TD: 04/14/2014 14. Date Casing Set or D&A: 04/14/2014

15. Well Classification:

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

16. Total Depth MD 11091 TVD\*\* 6622 17 Plug Back Total Depth MD 11075 TVD\*\* 6622

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/RES/CAL

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	88	0	124	VISU
SURF	13+3/4	9+5/8	36	0	593	399	0	593	VISU
1ST	8+3/4	7	26	0	6,956	568	350	8,956	CALC
1ST LINER	6+1/8	4+1/2	11.6	6860	11,076	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	1,020		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,518		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,269		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,851		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,812		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,477		<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: 8/18/2014 Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400666197	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Per operator request returned to draft.	8/19/2014 7:34:23 AM

Total: 1 comment(s)