

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:

400680970

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 05-123-38666-00

6. County: WELD

7. Well Name: Wells Ranch

Well Number: AA35-69-1AHNC

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

Footage at surface: Distance: 568 feet Direction: FNL Distance: 164 feet Direction: FWL

As Drilled Latitude: 40.448593 As Drilled Longitude: -104.394110

GPS Data:

Date of Measurement: 09/09/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 169 feet. Direction: FNL Dist.: 641 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 161 feet. Direction: FNL Dist.: 535 feet. Direction: FWL

Sec: 35 Twp: 6N Rng: 63W

9. Field Name: CROW CREEK

10. Field Number: 13610

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/06/2014 13. Date TD: 02/13/2014 14. Date Casing Set or D&A: 02/14/2014

15. Well Classification:

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

16. Total Depth MD 11299 TVD\*\* 6756 17 Plug Back Total Depth MD 11287 TVD\*\* 6756

18. Elevations GR 4810 KB 4840

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	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	632	381	0	632	VISU
1ST	8+3/4	7+0/0	26.00	0	7,068	726	80	7,068	CALC
1ST LINER	6+1/8	4+1/2	11.60	6952	11,289	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	1,106		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,631		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,372		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,971		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,638		<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>		
400683270	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400683272	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>		
400683231	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683246	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683251	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683257	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683264	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683269	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400683273	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)