

FORM
5
Rev
09/14

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:
400691080

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

OGCC Operator Number: 100322 Contact Name: EILEEN ROBERTS
Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

API Number 05-123-38663-00 County: WELD
Well Name: WELLS RANCH Well Number: AA35-69-1HNB
Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 605 feet Direction: FNL Distance: 164 feet Direction: FWL
As Drilled Latitude: 40.448495 As Drilled Longitude: -104.394101

GPS Data:
Date of Measurement: 01/15/2014 PDOP Reading: 4.5 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 332 feet. Direction: FNL Dist.: 596 feet. Direction: FEL
Sec: 35 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 328 feet. Direction: FNL Dist.: 536 feet. Direction: FWL
Sec: 35 Twp: 6N Rng: 63W

Field Name: CROW CREEK Field Number: 13610
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/15/2014 Date TD: 02/21/2014 Date Casing Set or D&A: 02/22/2014
Rig Release Date: *for Multi-Well Location ONLY

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

Total Depth MD 11250 TVD** 6656 Plug Back Total Depth MD 11233 TVD** 6656

Elevations GR 4809 KB 4839 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL/Mud/Gamma

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	638	378	0	638	VISU
1ST	8+3/4	7+0/0	26.00	0	6,995	759	400	6,995	CALC
1ST LINER	6+1/8	4+1/2	11.60	6882	11,235	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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,104				
PARKMAN	3,611				
SUSSEX	4,352				
SHANNON	4,951				
NIOBRARA	6,655				

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 ?	
Attachment Checklist			
400691188	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400691190	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"/>
Other Attachments			
400691174	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691177	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691179	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691180	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691182	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691184	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691193	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)