

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:
400689067

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: Kathleen Mills
Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

API Number 05-123-38675-00 County: WELD
Well Name: WELLS RANCH Well Number: AE30-69HNB
Location: QtrQtr: NWNW Section: 29 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 267 feet Direction: FNL Distance: 65 feet Direction: FWL
As Drilled Latitude: 40.464237 As Drilled Longitude: -104.355973

GPS Data:
Date of Measurement: 04/07/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 17 feet. Direction: FNL Dist.: 632 feet. Direction: FEL
Sec: 30 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 109 feet. Direction: FNL Dist.: 381 feet. Direction: FEL
Sec: 25 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/27/2014 Date TD: 05/04/2014 Date Casing Set or D&A: 05/05/2014
Rig Release Date: *for Multi-Well Location ONLY

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

Total Depth MD 12113 TVD** 6552 Plug Back Total Depth MD 12097 TVD** 6552

Elevations GR 4777 KB 4801 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
USIT, MUD, GR

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	72	0	124	VISU
SURF	13+3/4	9+5/8	36	0	617	314	0	617	VISU
1ST	8+3/4	7	26	0	6,854	560	810	6,854	CALC
1ST LINER	6+1/8	4+1/2	11.6	6746	12,098	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	3,475				
SUSSEX	4,280				
SHANNON	4,823				
TEEPEE BUTTES	5,875				
NIOBRARA	6,579				NIOBRARA B 6766'

Comment:

GPS TAKEN ON CONDUCTOR

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 ?	
Attachment Checklist			
400689184	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400689187	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689197	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692109	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692110	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692112	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692113	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692114	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692115	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400692116	LAS-GAMMA RAY	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)