

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



DE ET OE ES

Document Number:
400696277

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 05-123-38660-00 County: WELD
Well Name: Wells Ranch Well Number: AA35-66-1AHNC
Location: QtrQtr: SWNW Section: 36 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 2041 feet Direction: FNL Distance: 168 feet Direction: FWL
As Drilled Latitude: 40.444552 As Drilled Longitude: -104.394111

GPS Data:
Date of Measurement: 07/22/2014 PDOP Reading: 4.0 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 2149 feet. Direction: FNL Dist.: 678 feet. Direction: FEL
Sec: 35 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2195 feet. Direction: FNL Dist.: 563 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) 03/08/2014 Date TD: 03/24/2014 Date Casing Set or D&A: 03/25/2014
Rig Release Date: *for Multi-Well Location ONLY

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

Total Depth MD 11190 TVD** 6681 Plug Back Total Depth MD 11164 TVD** 6681

Elevations GR 4787 KB 4811 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	124	72	0	124	
SURF	13+3/4	9+5/8	36.00	0	660	323	0	660	
1ST	8+3/4	7+0/0	26.00	0	6,971	680	984	6,971	
1ST LINER	6+1/8	4+1/2	11.60	6859	11,175	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	1,057				
PARKMAN	3,547				
SUSSEX	4,288				
SHANNON	4,887				
NIOBRARA	6,554				

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			
400696901	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400696902	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			
400696888	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696889	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696890	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696891	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696892	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696895	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696909	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)