

FORM
5Rev
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:

400698646

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 05-123-38662-00

County: WELD

Well Name: Wells Ranch

Well Number: AA35-69-1BHNC

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

Footage at surface: Distance: 643 feet Direction: FNL Distance: 164 feet Direction: FWL

As Drilled Latitude: 40.448384 As Drilled Longitude: -104.394099

GPS Data:

Date of Measurement: 01/15/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 499 feet. Direction: FNL Dist.: 994 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 505 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) 02/23/2014 Date TD: 03/04/2014 Date Casing Set or D&A: 03/04/2014

Rig Release Date: 04/05/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11322 TVD** 6721 Plug Back Total Depth MD 11306 TVD** 6721

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

List Electric Logs Run:

USIT, MUD, GR

CASING, LINER AND CEMENT

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	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36	0	635	331	0	635	VISU
1ST	8+3/4	7	26	0	7,058	499	6,922	7,058	CALC
1ST LINER	6+1/8	4+1/2	11.6	6922	11,307	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

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 ?	
<u>Attachment Checklist</u>			
400698778	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400698780	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>			
400698717	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698726	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698728	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698761	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698763	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698766	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698786	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699255	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699257	PDF-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)