

DRILLING COMPLETION REPORT

Document Number:
400703162

Date Received:

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 05-123-38644-00 County: WELD
 Well Name: WELLS RANCH Well Number: AE30-65HNC
 Location: QtrQtr: NWSW Section: 29 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 2053 feet Direction: FSL Distance: 65 feet Direction: FWL
 As Drilled Latitude: 40.456054 As Drilled Longitude: -104.356159

GPS Data:
 Date of Measurement: 08/26/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2628 feet. Direction: FNL Dist.: 775 feet. Direction: FEL
 Sec: 30 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 2639 feet. Direction: FNL Dist.: 386 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) 04/25/2014 Date TD: 05/01/2014 Date Casing Set or D&A: 05/02/2014
 Rig Release Date: 05/02/2014 Per Rule 308A.b.

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

Total Depth MD 12068 TVD** 6594 Plug Back Total Depth MD 12056 TVD** 6594

Elevations GR 4758 KB 4788 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma

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+0/0	16+0/0	42.09	0	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	623	334	0	623	VISU
1ST	8+3/4	7+0/0	26.00	0	6,974	557	30	6,974	CBL
1ST LINER	6+1/8	4+1/2	11.60	6824	12,058	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	
PIERRE	1,061				
PARKMAN	3,544				
SUSSEX	4,313				
SHANNON	4,832				
NIOBRARA	6,500				

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			
400703326	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400703327	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			
400703313	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703317	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703319	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703323	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703324	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703325	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703329	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)