

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



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Document Number:

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

API Number: <u>05-123-38685-00</u>	County: <u>WELD</u>
Well Name: <u>Wells Ranch</u>	Well Number: <u>AE30-62HNC</u>
Location:    QtrQtr: <u>SWSW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface:    Distance: <u>305</u> feet    Direction: <u>FSL</u> Distance: <u>65</u> feet    Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.451255</u> As Drilled Longitude: <u>-104.356283</u>	

## GPS Data:

Date of Measurement: 11/04/2014    PDOP Reading: 1.5    GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone    Dist.: 642 feet. Direction: FSL    Dist.: 746 feet. Direction: FEL

Sec: 30      Twp: 6N      Rng: 62

\*\* If directional footage at Bottom Hole    Dist.: 683 feet. Direction: FSL    Dist.: 384 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) 05/24/2014    Date TD: 05/29/2014    Date Casing Set or D&A: 05/30/2014

Rig Release Date: 05/30/2014    Per Rule 308A.b.

## Well Classification:

Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

Total Depth    MD 12026    TVD\*\* 6594    Plug Back Total Depth    MD 12007    TVD\*\* 6594

Elevations    GR 4748    KB 4772    **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	18+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	632	349	0	632	VISU
1ST	8+3/4	7+0/0	26.00	0	6,903	561	400	6,903	CBL
1ST LINER	6+1/8	4+1/2	11.00	6790	12,016	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	1,056				
PARKMAN	3,492				
SUSSEX	4,237				
SHANNON	4,845				
NIOBRARA	6,449				

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 ?	
<b>Attachment Checklist</b>			
400729983	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400730234	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"/>
<b>Other Attachments</b>			
400729987	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730239	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730249	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730251	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730253	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730255	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730257	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)