

DRILLING COMPLETION REPORT

Document Number:
400803107

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 05-123-39636-00 County: WELD
 Well Name: Wells Ranch Well Number: AE19-631
 Location: QtrQtr: NWSW Section: 20 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 1610 feet Direction: FSL Distance: 65 feet Direction: FWL
 As Drilled Latitude: 40.469380 As Drilled Longitude: -104.355875

GPS Data:
 Date of Measurement: 10/31/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1437 feet. Direction: FSL Dist.: 694 feet. Direction: FEL
 Sec: 19 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 1370 feet. Direction: FSL Dist.: 235 feet. Direction: FEL
 Sec: 24 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) 12/18/2014 Date TD: 12/26/2014 Date Casing Set or D&A: 12/26/2014
 Rig Release Date: 12/28/2014 Per Rule 308A.b.

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

Total Depth MD 12066 TVD** 6662 Plug Back Total Depth MD 12049 TVD** 6662
 Elevations GR 4786 KB 4816 **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	16	42.05	30	130	95	0	130	VISU
SURF	13+1/2	9+5/8	36	30	715	302	0	715	VISU
1ST	8+3/4	7	26	30	6,893	579	295	6,893	CBL
1ST LINER	6+1/8	4+1/2	11.6	6822	12,051				

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	1,126				
PARKMAN	3,552				
SUSSEX	4,117				
SHANNON	4,818				
NIOBRARA	6,479				

Comment:

WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN TWO YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

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 Analyst I

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400803409	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400803394	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			
400803344	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803352	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803359	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803364	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803366	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803367	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803411	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)