

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



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Document Number:
400804308

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>05-123-39639-00</u>	County: <u>WELD</u>
Well Name: <u>Wells Ranch</u>	Well Number: <u>AE19-644</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>20</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1685</u> feet Direction: <u>FSL</u> Distance: <u>65</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.469588</u> As Drilled Longitude: <u>-104.355871</u>	

GPS Data:
Date of Measurement: 12/31/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2243 feet. Direction: FSL Dist.: 727 feet. Direction: FEL
Sec: 19 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 2240 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) 01/09/2015 Date TD: 01/15/2015 Date Casing Set or D&A: 01/15/2015
Rig Release Date: 01/17/2015 Per Rule 308A.b.

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

Total Depth MD 11985 TVD** 6640 Plug Back Total Depth MD 11968 TVD** 6640

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	709	316	0	709	VISU
1ST	8+3/4	7	26	30	7,017	607	590	7,017	CBL
1ST LINER	6+1/8	4+1/2	11.6	6836	11,970				

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	1,054				
PARKMAN	3,524				
SUSSEX	4,089				
SHANNON	4,848				
NIOBRARA	6,545				

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			
400804460	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400804462	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			
400804449	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804451	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804452	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804454	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804456	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804457	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804465	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)