

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400929595

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) 228-4330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-41252-00</u>	County: <u>WELD</u>
Well Name: <u>Wells Ranch</u>	Well Number: <u>AA11-654</u>
Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2000</u> feet Direction: <u>FNL</u> Distance: <u>215</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.502910</u> As Drilled Longitude: <u>-104.395200</u>	

GPS Data:
Date of Measurement: 05/20/2015 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2328 feet. Direction: FNL Dist.: 727 feet. Direction: FEL
Sec: 11 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2355 feet. Direction: FNL Dist.: 2085 feet. Direction: FEL
Sec: 10 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) 06/11/2015 Date TD: 06/18/2015 Date Casing Set or D&A: 06/19/2015
Rig Release Date: 06/20/2015 Per Rule 308A.b.

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

Total Depth MD 13956 TVD** 6907 Plug Back Total Depth MD 13939 TVD** 6907

Elevations GR 4868 KB 4892 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma, The designated resistivity log on this pad is; Wells Ranch AA 11-667, 123-41254

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	42.5	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	630	289	0	630	VISU
1ST	8+3/4	7	26	24	7,199	600	186	7,199	CBL
1ST LINER	6+1/8	4+1/2	11.6	7105	13,941				

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	743				
PARKMAN	3,707				
SUSSEX	4,712				
SHANNON	5,044				
NIOBRARA	6,624				
CODELL	7,367				

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 ANALYST

Date: _____

Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400929882	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400929889	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			
400929719	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929863	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929865	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929869	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929874	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929875	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929892	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)