

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



DE ET OE ES

Document Number:

400930450

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: 100322

Contact Name: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-41210-00

County: WELD

Well Name: Wells Ranch

Well Number: AA11-682

Location: QtrQtr: NENE Section: 11 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 687 feet Direction: FNL Distance: 215 feet Direction: FEL

As Drilled Latitude: 40.506520 As Drilled Longitude: -104.395290

## GPS Data:

Date of Measurement: 05/05/2015 PDOP Reading: 2.7 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 552 feet. Direction: FNL Dist.: 771 feet. Direction: FEL

Sec: 11 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 535 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) 06/08/2015 Date TD: 06/13/2015 Date Casing Set or D&amp;A: 06/14/2015

Rig Release Date: 06/15/2015 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 13793 TVD\*\* 6750 Plug Back Total Depth MD 13766 TVD\*\* 6750

Elevations GR 4856 KB 4886 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/Mud/Gamma, The designated resistivity log in this pad is; Wells Ranch AA 11-676, 123-41212

## 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             | 42.9  | 30            | 110           | 80        | 0       | 110     | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 30            | 628           | 317       | 0       | 628     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 30            | 7,111         | 590       | 584     | 7,111   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6922          | 13,778        |           |         |         |        |

## 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         | 544            |        |                  |       |   |
| PARKMAN        | 3,621          |        |                  |       |   |
| SUSSEX         | 4,313          |        |                  |       |   |
| SHANNON        | 5,066          |        |                  |       |   |
| NIOBRARA       | 6,658          |        |                  |       |   |

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 ?  |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> |                       |   |
| 400931158                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400931159                   | 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"/> |
| <u>Other Attachments</u>    |                       |   |
| 400931146                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931148                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931149                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931151                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931153                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931155                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400931160                   | 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)