

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:

400961035

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: Julie Webb

Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2223

Address: 1625 BROADWAY STE 2200

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-41786-00

County: WELD

Well Name: Wells Ranch

Well Number: AF05-690

Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 615 feet Direction: FSL Distance: 650 feet Direction: FWL

As Drilled Latitude: 40.437640 As Drilled Longitude: -104.354490

## GPS Data:

Date of Measurement: 08/25/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 3 feet. Direction: FSL Dist.: 900 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 385 feet. Direction: FSL Dist.: 652 feet. Direction: FEL

Sec: 33 Twp: 6N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/01/2015 Date TD: 09/07/2015 Date Casing Set or D&amp;A: 09/04/2015

Rig Release Date: 10/19/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 15993 TVD\*\* 6435 Plug Back Total Depth MD 15969 TVD\*\* 6435

Elevations GR 4716 KB 4740

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

MUD, GR, CBL, Resistivity log ran on Wells Ranch AE32-620

## 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	42.09	0	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	0	631	289	0	631	VISU
1ST	8+3/4	7	26	0	6,960	577	1,000	6,960	CBL
1ST LINER	6+1/8	4+1/2	11.6	6858	15,993				

## 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	
PARKMAN	3,497				
SUSSEX	4,224				
SHANNON	4,537				
NIOBRARA	6,544				

Comment:

As Build GPS was surveyed after conductor was set.  
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 2 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: Julie Webb

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email: jwebb@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400963512	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963519	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963526	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963529	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963530	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400963531	PDF-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)