

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:
401061667

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 05-123-42264-00 County: WELD
Well Name: Wells Ranch Well Number: AA22-612
Location: QtrQtr: SWSW Section: 22 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 933 feet Direction: FSL Distance: 77 feet Direction: FWL
As Drilled Latitude: 40.467430 As Drilled Longitude: -104.431960

GPS Data:
Date of Measurement: 01/26/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 154 feet. Direction: FSL Dist.: 602 feet. Direction: FWL
Sec: 22 Twp: 6N Rng: 63W
** If directional footage at Bottom Hole Dist.: 228 feet. Direction: FSL Dist.: 166 feet. Direction: FWL
Sec: 23 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) 04/13/2016 Date TD: 04/17/2016 Date Casing Set or D&A: 04/18/2016
Rig Release Date: 04/18/2016 Per Rule 308A.b.

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

Total Depth MD 11828 TVD** 6681 Plug Back Total Depth MD 11791 TVD** 6681

Elevations GR 4745 KB 4775 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, GR, Compensated Neutron log ran on 123-42266

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	110	99	0	110	VISU
SURF	13+1/2	9+5/8	36	0	1,917	625	0	1,907	VISU
1ST	8+1/2	5+1/2	20	0	11,800				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/18/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,764	596	2,027	6,764

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	485				
PARKMAN	3,554				
SUSSEX	4,402				
SHANNON	4,956				
NIOBRARA	6,753				

Comment:

As build GPS was surveyed after conductor was set on 1/17/2016. No Mud logs ran.

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 ?	
Attachment Checklist			
401068155	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401068150	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			
401068144	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401068145	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401068146	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401068147	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401068153	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)