

FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401109748

Date Received:

11/01/2016

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-26176-00

County: WELD

Well Name: WELLS RANCH USX BB

Well Number: 15-13

Location: QtrQtr: SWSW Section: 15 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 839 feet Direction: FSL Distance: 822 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/27/2007 Date TD: 08/30/2007 Date Casing Set or D&A: 08/30/2007

Rig Release Date: 08/30/2007 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6837 TVD** Plug Back Total Depth MD 6814 TVD**

Elevations GR 4655 KB 4667 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL

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
SURF	12+1/4	8+5/8		0	432	234	0	432	VISU
1ST	7+7/8	4+1/2		0	6,832	1,180	1,028	6,837	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/18/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST		160	0	500

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	

Operator Comments

Attached is the operators summary- no cement summary available.

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: 11/1/2016

Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401140118	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
401109748	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401140116	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)