

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:
401768112

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: LOGAN BOUGHAL
 Name of Operator: NOBLE ENERGY INC Phone: (832) 6397447
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-44958-00 County: WELD
 Well Name: Wells Ranch Well Number: BB09-649
 Location: QtrQtr: NWSW Section: 11 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 2297 feet Direction: FSL Distance: 285 feet Direction: FWL
 As Drilled Latitude: 40.412932 As Drilled Longitude: -104.412466

GPS Data:
 Date of Measurement: 08/08/2018 PDOP Reading: 2.4 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2255 feet. Direction: FSL Dist.: 200 feet. Direction: FWL
 Sec: 11 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 2575 feet. Direction: FSL Dist.: 535 feet. Direction: FWL
 Sec: 9 Twp: 5N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/15/2018 Date TD: 09/20/2018 Date Casing Set or D&A: 09/22/2018
 Rig Release Date: 09/28/2018 Per Rule 308A.b.

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

Total Depth MD 16987 TVD** 6565 Plug Back Total Depth MD 16987 TVD** 6565
 Elevations GR 4670 KB 4700 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL Not run, but will be provided on a Sundry. Gamma run. Mud log run on Wells Ranch BB11-650 (05-123-44961), and open hole neutron log run on Wells Ranch BB11-643 (05-123-44962).

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	36	26	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,948	678	0	1,948	VISU
1ST	8+1/2	5+1/2	20	0	16,987	1,743	1,948	16,987	CBL

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	
FOX HILLS	292				
PIERRE	498				
PARKMAN	3,469				
SUSSEX	4,195				
SHANNON	4,799				
TEEPEE BUTTES	5,795				
NIOBRARA	6,439				

Comment:

TPZ IS ESTIMATED, AND WILL BE REPORTED ON FORM 5A.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II

Date: _____

Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401768113	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401818771	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			
401818770	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401818775	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401818778	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>
		Stamp Upon Approval

Total: 0 comment(s)

