

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:
401848728

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: <u>100322</u>	Contact Name: <u>Holly Hill</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4232</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	

API Number: <u>05-123-44949-00</u>	County: <u>WELD</u>
Well Name: <u>Wells Ranch</u>	Well Number: <u>BB11-627</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>11</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>835</u> feet Direction: <u>FSL</u> Distance: <u>235</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.408923</u> As Drilled Longitude: <u>-104.412621</u>	

GPS Data:

Date of Measurement: 08/29/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1099 feet. Direction: FSL Dist.: 340 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1101 feet. Direction: FSL Dist.: 630 feet. Direction: FEL

Sec: 11 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) 09/12/2017 Date TD: 09/15/2017 Date Casing Set or D&A: 09/16/2017

Rig Release Date: 09/20/2017 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 13969 TVD** 6460 Plug Back Total Depth MD 13911 TVD** 6460

Elevations GR 4675 KB 4705 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CBL, MWD/LWD, (Resistivity in 123-44950)

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	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,958	696	0	1,958	VISU
1ST	8+1/2	5+1/2	20	0	13,960	1,498	2,055	13,960	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	
PIERRE	504				
SUSSEX	3,989				
SHANNON	4,817				
TEEPEE BUTTES	5,781				
SHARON SPRINGS	6,451				
NIOBRARA	6,537				

Comment:

TPZ is actual.

No Open Hole Logs run. Per Rule 317.p. Resisitivity log run on WELLS RANCH BB11-618 (123-44950).

As Drilled GPS was surveryed after conductor was set.

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: Sr. Regulatory Analyst

Date: _____

Email: julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401850696	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401850693	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			
401850683	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401850687	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401850688	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401850691	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401850694	DIRECTIONAL DATA	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)

