

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

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Date Received:

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/or 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: Craig Richardson
Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
Address: 1001 NOBLE ENERGY WAY Fax: _____
City: HOUSTON State: TX Zip: 77070 Email: Denverregulatory@nblenergy.com

API Number 05-123-50171-00 County: WELD
Well Name: WELLS RANCH STATE Well Number: AA32-751
Location: QtrQtr: Lot 3 Section: 5 Township: 5N Range: 63W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 300 feet Direction: FNL Distance: 2237 feet Direction: FWL
As Drilled Latitude: 40.434890 As Drilled Longitude: -104.462180

GPS Data:
Date of Measurement: 10/28/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 393 feet Direction: FSL Dist: 2334 feet Direction: FWL
Sec: 32 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist: 2 feet Direction: FSL Dist: 2484 feet Direction: FWL
Sec: 20 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) 11/27/2019 Date TD: 12/06/2019 Date Casing Set or D&A: 12/08/2019

Rig Release Date: 12/12/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16764 TVD** 6627 Plug Back Total Depth MD 16702 TVD** 6627

Elevations GR 4684 KB 4714 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, (IND in 123-18859)

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	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,949	652	0	1,949	VISU
1ST	8+1/2	5+1/2	17	0	16,750	1,718	2,500	16,750	CALC

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	3,506				
SUSSEX	4,036				
TEEPEE BUTTES	5,952				
SHARON SPRINGS	6,531				
NIOBRARA	6,592				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. IND ran on UPV 5-3H3 (05-123-18859).

Noble will run the CBL prior to completing (perforating) the well. The CBL will be submitted via Sundry Notice immediately after it is run. The top of cement calculation is based on contractor??s cement tickets.

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

Signed: _____

Print Name: Stephany Olsen

Title: Regulatory Analyst

Date: _____

Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402299546	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402299540	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			
402299527	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402299563	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402299568	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402299576	PDF-MWD/LWD	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)

