

**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:

402317570

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@nbleenergy.com

API Number 05-123-43797-00

County: WELD

Well Name: Wells Ranch State

Well Number: BB05-685

Location: QtrQtr: LOT 4

Section: 3

Township: 5N

Range: 63W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 743 feet

Direction: FNL Distance: 692 feet

Direction: FWL

As Drilled Latitude: 40.433629

As Drilled Longitude: -104.430081

GPS Data:

Date of Measurement: 03/27/2017

PDOP Reading: 4.3

GPS Instrument Operator's Name: Toa Sagapolutele

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 348 feet

Direction: FNL

Dist: 98 feet

Direction: FWL

Sec: 3

Twp: 5N

Rng: 63W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 320 feet

Direction: FNL

Dist: 538 feet

Direction: FWL

Sec: 5

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) 04/05/2017

Date TD: 04/08/2017

Date Casing Set or D&amp;A: 04/10/2017

Rig Release Date: 04/22/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16716

TVD\*\* 6721

Plug Back Total Depth MD 16664

TVD\*\* 6721

Elevations GR 4781

KB 4811

Digital Copies of ALL Logs must be Attached per Rule 308A



List Electric Logs Run:

**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	VISU
SURF	13+1/2	9+5/8	36	0	1,915	674	0	1,915	VISU
1ST	8+1/2	5+1/2	20	0	16,707	1,865	1,304	16,707	CBL
2ND LINER	5+1/2	4+1/2	17	0	6,245				

**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	

Operator Comments:

The liner was installed to remediate a gas tight casing collar leak. The liner is set from 0'-6245'. No cement was pumped. The procedure was approved on Sundry Doc # 402167224

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@nbleenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
402317584	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
402317597	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

