

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@nblenergy.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&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@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
402317597	OPERATIONS SUMMARY	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)

