

**FORM  
5**Rev  
02/08**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:

400409880

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

1. OGCC Operator Number: 100322

4. Contact Name: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35629-00

6. County: WELD

7. Well Name: WELLS RANCH

Well Number: AA12-63-1HN

8. Location: QtrQtr: SESE Section: 12 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1077 feet Direction: FSL Distance: 215 feet Direction: FEL

As Drilled Latitude: 40.496790 As Drilled Longitude: -104.376000

## GPS Data:

Data of Measurement: 08/09/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 979 feet. Direction: FSL Dist.: 934 feet. Direction: FEL

Sec: 12 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 927 feet. Direction: FSL Dist.: 496 feet. Direction: FWL

Sec: 12 Twp: 6N Rng: 63W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/28/2012 13. Date TD: 09/02/2012 14. Date Casing Set or D&amp;A: 09/03/2012

## 15. Well Classification:

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

16. Total Depth MD 11016 TVD\*\* 6659 17 Plug Back Total Depth MD 11005 TVD\*\* 6648

18. Elevations GR 4857 KB 4881

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL, NO OTHER LOGS SENT AT THIS TIME

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	16	16	42.09	0	124	80	0	124	
SURF	13+3/4	9+5/8	36	0	720	421	0	720	
1ST	8+3/4	7	26	0	7,090	640	1,752	7,090	
1ST LINER	6+1/8	4+1/2	11.6	6947	11,006	0			

### **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:

21. Formation log intervals and test zones:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,620		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,438		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,965		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,943		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,319		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,633		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400409891	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400409890	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"/>
<u>Other Attachments</u>					
400409889	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400409892	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)