

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



DE ET OE ES

Document Number:
400410812

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 05-123-35627-00 6. County: WELD
7. Well Name: WELLS RANCH Well Number: AA12-65-1HN
8. Location: QtrQtr: SESE Section: 12 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 1152 feet Direction: FSL Distance: 215 feet Direction: FEL
As Drilled Latitude: 40.496990 As Drilled Longitude: -104.375990

GPS Data:

Date of Measurement: 08/09/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 2334 feet. Direction: FSL Dist.: 879 feet. Direction: FEL
Sec: 12 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2286 feet. Direction: FSL Dist.: 452 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) 08/14/2012 13. Date TD: 08/19/2012 14. Date Casing Set or D&A: 08/20/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11208 TVD** 6656 17 Plug Back Total Depth MD 11193 TVD** 6641

18. Elevations GR 4858 KB 4882

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, MD LOG, TVD LOG

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	VISU
SURF	13+3/4	9+5/8	36	0	664	371	0	664	VISU
1ST	8+3/4	7	26	0	7,145	640	1,376	7,145	CBL
1ST LINER	6+1/8	4+1/2	11.6	7035	11,194	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	3,732		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,593		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,183		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,118		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,492		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,803		<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 ?	
Attachment Checklist			
400410828	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400410830	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			
400410821	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410824	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410825	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410827	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410831	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)