

**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:

400413991

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 05-123-34232-00

6. County: WELD

7. Well Name: Wells Ranch USX

Well Number: AA25-66-1HN

8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 2169 feet Direction: FSL Distance: 150 feet Direction: FWL

As Drilled Latitude: 40.456090 As Drilled Longitude: -104.394140

GPS Data:

Data of Measurement: 03/21/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 2271 feet. Direction: FNL Dist.: 984 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2251 feet. Direction: FNL Dist.: 546 feet. Direction: FEL

Sec: 25 Twp: 6N Rng: 63W

9. Field Name: CROW CREEK

10. Field Number: 13610

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/06/2011 13. Date TD: 12/13/2011 14. Date Casing Set or D&A: 12/19/2011

15. Well Classification:

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

16. Total Depth MD 10952 TVD** 6547 17 Plug Back Total Depth MD 10912 TVD** 6507

18. Elevations GR 4788 KB 4812

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,MWD-GR

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	24	16	42.05	0	124	64	0	124	VISU
SURF	13+3/4	9+5/8	36	0	706	454	0	706	VISU
1ST	8+3/4	7	23	0	7,034	645	1,397	7,034	CALC
1ST LINER	6+1/8	5	23.20	0	10,921	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	
PIERRE	2,902		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,639		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,437		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,019		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,870		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,663		<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>					
400414005	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400414006	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>					
400414007	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415247	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415248	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400416472	TIF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400416479	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)