

**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:

400419641

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 05-123-35335-00

6. County: WELD

7. Well Name: WELLS RANCH AA

Well Number: 24-62-1HN

8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 706 feet Direction: FSL Distance: 241 feet Direction: FWL

As Drilled Latitude: 40.466690 As Drilled Longitude: -104.393710

GPS Data:

Data of Measurement: 08/16/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 344 feet. Direction: FSL Dist.: 791 feet. Direction: FWL

Sec: 24 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 397 feet. Direction: FSL Dist.: 541 feet. Direction: FEL

Sec: 24 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) 09/27/2012 13. Date TD: 10/04/2012 14. Date Casing Set or D&A: 10/04/2012

15. Well Classification:

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

16. Total Depth MD 11156 TVD** 6657 17 Plug Back Total Depth MD 11140 TVD** 6641

18. Elevations GR 4827 KB 4851

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, MD-MD/TVD

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	75	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	620	300	0	620	VISU
1ST	8+3/4	7	26	0	7,092	615	705	7,092	CALC
1ST LINER	6+1/8	4+1/2	11.6	6987	11,141	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	2,937		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,628		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,516		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,999		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,862		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,589		<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>		
400419706	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400419698	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>		
400419662	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419668	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419670	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419675	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419679	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419680	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419683	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419690	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419693	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419695	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400419711	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)