

FORM  
5Rev  
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:

400421746

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 05-123-35637-00

6. County: WELD

7. Well Name: Wells Ranch

Well Number: AE08-64-1HN

8. Location: QtrQtr: SWSW Section: 8 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 1134 feet Direction: FSL Distance: 215 feet Direction: FWL

As Drilled Latitude: 40.497090 As Drilled Longitude: -104.355160

## GPS Data:

Data of Measurement: 07/25/2012 PDOP Reading: 5.9 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 1650 feet. Direction: FSL Dist.: 835 feet. Direction: FWL

Sec: 8 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 1791 feet. Direction: FSL Dist.: 548 feet. Direction: FEL

Sec: 8 Twp: 6N Rng: 62W

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) 09/13/2012 13. Date TD: 11/12/2012 14. Date Casing Set or D&amp;A: 11/12/2012

## 15. Well Classification:

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

16. Total Depth MD 11166 TVD\*\* 6698 17 Plug Back Total Depth MD 11150 TVD\*\* 6682

18. Elevations GR 4929 KB 4959

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
SURF	13+3/4	9+5/8	36	0	743	336	0	743	VISU
1ST	8+3/4	7	26	0	7,128	560	560	7,128	CALC
1ST LINER	6+1/8	4+1/2	11.6	6982	11,151	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	2,597		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,693		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,495		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,082		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,082		<input type="checkbox"/>	<input type="checkbox"/>	
NIORARA	6,763		<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>					
400421840	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400421841	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>					
400421826	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421830	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421834	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421836	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421837	PDF-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421843	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421930	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400421931	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)