

**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:  
400423232

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 05-123-35643-00 6. County: WELD  
 7. Well Name: Wells Ranch Well Number: AE08-66-1HN  
 8. Location: QtrQtr: SWNW Section: 8 Township: 6N Range: 62W Meridian: 6  
 Footage at surface: Distance: 1598 feet Direction: FNL Distance: 272 feet Direction: FWL  
 As Drilled Latitude: 40.504060 As Drilled Longitude: -104.354970

GPS Data:  
 Date of Measurement: 10/29/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2298 feet. Direction: FNL Dist.: 830 feet. Direction: FWL  
 Sec: 8 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 2171 feet. Direction: FNL Dist.: 527 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) 10/14/2012 13. Date TD: 10/22/2012 14. Date Casing Set or D&A: 10/22/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11244 TVD\*\* 6753 17 Plug Back Total Depth MD 11128 TVD\*\* 6737

18. Elevations GR 4986 KB 5016 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, MUD, 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	755	400	0	755	VISU
1ST	8+3/4	7	26	0	7,222	585	630	7,222	CALC
1ST LINER	6+1/8	4+1/2	11.6	7098	11,229	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	2,647		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,750		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,568		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,157		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,157		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,818		<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 ?	
<b>Attachment Checklist</b>			
400423262	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400423264	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"/>
<b>Other Attachments</b>			
400423251	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400423255	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400423256	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400423257	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400423265	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)