

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:

400419678

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35644-00

6. County: WELD

7. Well Name: Wells Ranch

Well Number: AE08-68-1HN

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

Footage at surface: Distance: 1485 feet Direction: FNL Distance: 273 feet Direction: FWL

As Drilled Latitude: 40.504370 As Drilled Longitude: -104.354960

GPS Data:

Data of Measurement: 10/29/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 969 feet. Direction: FNL Dist.: 852 feet. Direction: FWL

Sec: 8 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 985 feet. Direction: FNL Dist.: 534 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) 09/08/2012 13. Date TD: 10/02/2012 14. Date Casing Set or D&A: 10/03/2012

15. Well Classification:

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

16. Total Depth MD 11201 TVD** 6761 17 Plug Back Total Depth MD 11189 TVD** 6749

18. Elevations GR 4987 KB 5017

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, Gamma.

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	26+0/0	16+0/0	42.05	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	823	386	0	823	VISU
1ST	8+3/4	7+0/0	26.00	0	7,220	560	1,280	7,220	CALC
1ST LINER	6+1/8	4+1/2	11.60	7296	11,191	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	2,683		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,784		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,649		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,186		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,804		<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: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400419900	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400419902	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>					
400419790	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419795	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419815	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419823	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419828	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419906	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)