

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:

400438985

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 05-123-34424-00

6. County: WELD

7. Well Name: Wells Ranch USX

Well Number: AA25-68-1HN

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

Footage at surface: Distance: 1039 feet Direction: FNL Distance: 302 feet Direction: FWL

As Drilled Latitude: 40.461890 As Drilled Longitude: -104.393540

GPS Data:

Data of Measurement: 05/10/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 941 feet. Direction: FNL Dist.: 939 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 906 feet. Direction: FNL Dist.: 535 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) 10/13/2011 13. Date TD: 10/20/2011 14. Date Casing Set or D&A: 03/17/2012

15. Well Classification:

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

16. Total Depth MD 10832 TVD\*\* 6599 17 Plug Back Total Depth MD 10831 TVD\*\* 6598

18. Elevations GR 4815 KB 4839

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, 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	75	0	124	160	0	124	VISU
SURF	13+3/4	9+5/8	36	0	584	343	0	584	VISU
1ST	8+3/4	7	26	0	6,966	570	4,663	6,966	CALC
1ST LINER	6+1/8	4+1/2	11.6	6591	10,832	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	2,574		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,645		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,416		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,966		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,843		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,660		<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>		
400439004	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400439005	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>		
400438994	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400438995	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400438997	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400438998	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400438999	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400439003	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400439007	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)