

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:

400437444

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 05-123-36043-00

6. County: WELD

7. Well Name: Wells Ranch State USX

Well Number: AA16-64-1HNL

8. Location: QtrQtr: NWSW Section: 14 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1933 feet Direction: FSL Distance: 244 feet Direction: FWL

As Drilled Latitude: 40.484630 As Drilled Longitude: -104.412590

## GPS Data:

Data of Measurement: 11/28/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 1601 feet. Direction: FSL Dist.: 921 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 1569 feet. Direction: FSL Dist.: 583 feet. Direction: FWL

Sec: 16 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) 02/07/2013 13. Date TD: 02/15/2013 14. Date Casing Set or D&amp;A: 02/17/2013

## 15. Well Classification:

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

16. Total Depth MD 16319 TVD\*\* 6681 17 Plug Back Total Depth MD 16303 TVD\*\* 6665

18. Elevations GR 4756 KB 4780

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, 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             | 42.09 | 0             | 124           | 80        | 0       | 124     | VISU   |
| SURF        | 13+3/4       | 9+5/8          | 36    | 0             | 657           | 376       | 0       | 657     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,093         | 580       | 580     | 7,093   | CALC   |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6928          | 16,304        | 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         | 2,872          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN        | 3,574          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,360          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 4,944          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES  | 5,809          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,639          |        | <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> |                       |   |
| 400437469                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400437472                   | 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>    |                       |   |
| 400437456                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400437457                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400437458                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400437460                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400437462                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400437474                   | 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)