

**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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| DE | ET | OE | ES |
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Document Number:

400482549

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 05-123-36885-00

6. County: WELD

7. Well Name: WELLS RANCH USX AA

Well Number: 23-63-1HN

8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 819 feet Direction: FSL Distance: 90 feet Direction: FWL

As Drilled Latitude: 40.467000 As Drilled Longitude: -104.394240

GPS Data:

Date of Measurement: 09/19/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brandi Bingham

** If directional footage at Top of Prod. Zone Dist.: 969 feet. Direction: FSL Dist.: 790 feet. Direction: FEL

Sec: 23 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 996 feet. Direction: FSL Dist.: 536 feet. Direction: FWL

Sec: 23 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) 06/01/2013 13. Date TD: 06/06/2013 14. Date Casing Set or D&A: 06/07/2013

15. Well Classification:

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

16. Total Depth MD 11125 TVD** 6690 17 Plug Back Total Depth MD 11106 TVD** 6690

18. Elevations GR 4836 KB 4860

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/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 | 24+0/0 | 16+0/0 | 42.09 | 0 | 124 | 80 | 0 | 124 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36.00 | 0 | 648 | 398 | 0 | 648 | VISU |
| 1ST | 8+3/4 | 7+0/0 | 26.00 | 0 | 7,054 | 576 | 880 | 7,054 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.60 | 6866 | 11,115 | 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 | 2,934 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,662 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,475 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,995 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,867 | | <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> | | | | | |
| 400482680 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400482683 | 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> | | | | | |
| 400482653 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482654 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482657 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482660 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482662 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482667 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482668 | PDF-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400482687 | 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)