

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:  
400679045

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: <u>100322</u>                 | 4. Contact Name: <u>Kathleen Mills</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u>           | Phone: <u>(720) 587-2226</u>           |
| 3. Address: <u>1625 BROADWAY STE 2200</u>              | Fax: <u>(303) 228-4286</u>             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |  |

|  |                                   |
|--|-----------------------------------|
| 5. API Number <u>05-123-38654-00</u>   | 6. County: <u>WELD</u>            |
| 7. Well Name: <u>Wells Ranch</u>   | Well Number: <u>AA35-67-1AHNA</u> |
| 8. Location: QtrQtr: <u>SWNW</u> Section: <u>36</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>         |                                   |
| Footage at surface: Distance: <u>1929</u> feet Direction: <u>FNL</u> Distance: <u>168</u> feet Direction: <u>FWL</u> |                                   |
| As Drilled Latitude: <u>40.444857</u> As Drilled Longitude: <u>-104.394107</u>                                       |                                   |

GPS Data:

Date of Measurement: 01/21/2014 PDOP Reading: 5.1 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone Dist.: 1438 feet. Direction: FNL Dist.: 619 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 1524 feet. Direction: FNL Dist.: 538 feet. Direction: FWL

Sec: 35 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) 02/22/2014 13. Date TD: 03/01/2014 14. Date Casing Set or D&A: 03/02/2014

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11094 TVD\*\* 6537 17 Plug Back Total Depth MD 1107 TVD\*\* 6537

18. Elevations GR 4790 KB 4814

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:

USIT, 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   | 26           | 16             | 42.09 | 0             | 124           | 72        | 0       | 124     | VISU   |
| SURF        | 13+3/4       | 9+5/8          | 36    | 0             | 668           | 342       | 0       | 668     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 6,870         | 565       | 425     | 6,870   | CALC   |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6766          | 11,079        | 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         | 1,074          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN        | 3,580          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,319          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 4,831          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES  | 5,727          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,876          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

GPS TAKEN ON CONDUCTOR

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> |                       |   |  |
| 400679060                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400679057                   | 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>    |                       |   |  |
| 400679062                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679271                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679274                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679297                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679299                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679301                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679302                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679303                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400679305                   | PDF-GAMMA RAY         | 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)