

FORM
5

Rev
09/14

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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Document Number:

400695144

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

OGCC Operator Number: 100322 Contact Name: Kathleen Mills
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

API Number 05-123-38652-00 County: WELD
 Well Name: Wells Ranch Well Number: AE30-65-1AHNB
 Location: QtrQtr: NWSW Section: 29 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 2015 feet Direction: FSL Distance: 65 feet Direction: FWL
 As Drilled Latitude: 40.455953 As Drilled Longitude: -104.356165

GPS Data:
 Date of Measurement: 08/26/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2456 feet. Direction: FSL Dist.: 802 feet. Direction: FEL
 Sec: 30 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 2482 feet. Direction: FSL Dist.: 385 feet. Direction: FEL
 Sec: 25 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/18/2014 Date TD: 04/23/2014 Date Casing Set or D&A: 04/25/2014
 Rig Release Date: 04/25/2014 *for Multi-Well Location ONLY

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11945 TVD** 6512 Plug Back Total Depth MD 11929 TVD** 6512
 Elevations GR 4758 KB 4788 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
UIT, MUD, GR

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	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36	0	628	342	0	638	VISU
1ST	8+3/4	7	26	0	6,901	541	600	6,300	CALC
1ST LINER	6+1/8	4+1/2	11.6	6758	11,930	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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,031				
PARKMAN	3,522				
SUSSEX	4,324				
SHANNON	4,858				
TEEPEE BUTTES	5,716				
NIOBRARA	6,556				

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 ?	
Attachment Checklist			
400695191	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400695197	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"/>
Other Attachments			
400695164	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695166	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695167	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695170	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695171	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695173	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695185	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695187	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400695203	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)