

FORM
5Rev
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:

400699910

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 05-123-38664-00

County: WELD

Well Name: Wells Ranch

Well Number: AA35-68-1AHNA

Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 680 feet Direction: FNL Distance: 164 feet Direction: FWL

As Drilled Latitude: 40.448290 As Drilled Longitude: -104.394103

GPS Data:

Date of Measurement: 01/15/2014 PDOP Reading: 5.5 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 914 feet. Direction: FNL Dist.: 573 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 912 feet. Direction: FNL Dist.: 536 feet. Direction: FWL

Sec: 35 Twp: 6N Rng: 63W

Field Name: CROW CREEK

Field Number: 13610

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/07/2014 Date TD: 03/13/2014 Date Casing Set or D&A: 03/13/2014

Rig Release Date: 05/27/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11169 TVD** 6562 Plug Back Total Depth MD 11153 TVD** 6562

Elevations GR 4808 KB 4838 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, CASING EVAL, MUD, GR

CASING, LINER AND CEMENT

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	634	328	0	634	VISU
1ST	8+3/4	7	26	0	6,930	545	600	6,930	CALC
1ST LINER	6+1/8	4+1/2	11.6	6826	11,154	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,129				
PARKMAN	3,605				
SUSSEX	4,304				
SHANNON	4,933				
TEEPEE BUTTES	5,761				
NIOBRARA	6,678				

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>			
400699982	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400699981	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>			
400699936	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699956	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699965	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699970	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699973	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699974	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699975	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699977	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699980	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699985	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)