

DRILLING COMPLETION REPORT

Document Number:
400712371

Date Received:

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 05-123-38690-00 County: WELD
 Well Name: Wells Ranch Well Number: AE30-63-1AHNA
 Location: QtrQtr: SWSW Section: 29 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 1010 feet Direction: FSL Distance: 65 feet Direction: FWL
 As Drilled Latitude: 40.453208 As Drilled Longitude: -104.356235

GPS Data:
 Date of Measurement: 03/03/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 1133 feet. Direction: FSL Dist.: 788 feet. Direction: FEL
 Sec: 30 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1141 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) 05/18/2014 Date TD: 05/23/2014 Date Casing Set or D&A: 05/28/2014
 Rig Release Date: 07/06/2014 Per Rule 308A.b.

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

Total Depth MD 11873 TVD** 6451 Plug Back Total Depth MD 11862 TVD** 6451
 Elevations GR 4752 KB 4776 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR/RES/CAL

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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	621	330	0	621	VISU
1ST	8+3/4	7	26	0	6,775	560	560	6,650	CALC
1ST LINER	6+1/8	4+1/2	11.6	6686	11,863	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	1,087				
PARKMAN	3,532				
SUSSEX	4,293				
SHANNON	4,827				
TEEPEE BUTTES	5,673				
NIOBRARA	6,558				

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 ?	
Attachment Checklist			
400712432	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400712434	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			
400714429	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714437	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714441	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714444	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714453	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714457	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714459	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714460	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714462	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)