

DRILLING COMPLETION REPORT

Document Number:
400715179

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: EILEEN ROBERTS
 Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

API Number 05-123-38683-00 County: WELD
 Well Name: WELLS RANCH Well Number: AE30-62-1AHNA
 Location: QtrQtr: SWSW Section: 29 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 267 feet Direction: FSL Distance: 65 feet Direction: FWL
 As Drilled Latitude: 40.451150 As Drilled Longitude: -104.356284

GPS Data:
 Date of Measurement: 03/03/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 472 feet. Direction: FSL Dist.: 715 feet. Direction: FEL
 Sec: 30 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 499 feet. Direction: FSL Dist.: 535 feet. Direction: FWL
 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) 05/12/2014 Date TD: 05/21/2014 Date Casing Set or D&A: 05/24/2014
 Rig Release Date: 05/24/2014 Per Rule 308A.b.

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

Total Depth MD 16219 TVD** 6505 Plug Back Total Depth MD 16195 TVD** 6505
 Elevations GR 4747 KB 4771 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma Reference well, Wells Ranch AE30-67-1AHNA

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	18+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	606	320	0	606	VISU
1ST	8+3/4	7+0/0	26.00	0	6,752	545	740	6,752	CBL
1ST LINER	6+1/8	4+1/2	11.60	6640	16,204	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	1,050				
PARKMAN	3,475				
SUSSEX	4,223				
SHANNON	4,892				
NIOBRARA	6,592				

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 ?	
Attachment Checklist			
400715348	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400715355	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			
400715328	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715332	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715335	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715337	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715339	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715341	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715357	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)