

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



DE ET OE ES

Document Number:
400716397

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: 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 05-123-38681-00 County: WELD
Well Name: Wells Ranch State Well Number: AE30-62-1HNC
Location: QtrQtr: SWSW Section: 29 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 230 feet Direction: FSL Distance: 65 feet Direction: FWL
As Drilled Latitude: 40.451047 As Drilled Longitude: -104.356288

GPS Data:
Date of Measurement: 03/03/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 313 feet. Direction: FSL Dist.: 772 feet. Direction: FEL
Sec: 30 Twp: 6N Rng: 62W
** If directional footage at Bottom Hole Dist.: 337 feet. Direction: FSL Dist.: 534 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) 04/25/2014 Date TD: 05/06/2014 Date Casing Set or D&A: 05/09/2014
Rig Release Date: 05/09/2014 Per Rule 308A.b.

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

Total Depth MD 16356 TVD** 6620 Plug Back Total Depth MD 16332 TVD** 6620

Elevations GR 4746 KB 4770 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL/MUD/Gamma

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 | 636 | 328 | 0 | 636 | VISU |
| 1ST | 8+3/4 | 7+0/0 | 26.00 | 0 | 6,862 | 555 | 270 | 6,862 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.60 | 6755 | 16,341 | 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 | 1,074 | | | | |
| PARKMAN | 3,486 | | | | |
| SUSSEX | 4,226 | | | | |
| SHANNON | 4,830 | | | | |
| NIOBRARA | 6,437 | | | | |

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 | | | |
| 400719625 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400719629 | 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 | | | |
| 400719636 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722695 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722700 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722703 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722706 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722710 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400722711 | 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)