

FORM
5Rev
09/14

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400426135

Date Received:

05/30/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-35649-00 County: WELD
 Well Name: WELLS RANCH AE Well Number: 18-62-1HN
 Location: QtrQtr: SWSW Section: 18 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 1268 feet Direction: FSL Distance: 215 feet Direction: FWL
 As Drilled Latitude: 40.482760 As Drilled Longitude: -104.374640

GPS Data:

Date of Measurement: 01/10/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 332 feet Direction: FSL Dist.: 915 feet. Direction: FWL

Sec: 18 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 331 feet Direction: FSL Dist.: 538 feet. Direction: FEL

Sec: 18 Twp: 6N Rng: 62W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/10/2012 Date TD: 12/16/2012 Date Casing Set or D&A: 12/17/2012

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11212 TVD** 6614 Plug Back Total Depth MD 11191 TVD** 6614

Elevations GR 4831 KB 4855 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CBL, 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	18	16	42.05	0	124	80	0	124	
SURF	13+3/4	9+5/8	36	0	633	376	0	633	VISU
1ST	8+3/4	7	26	0	7,095	604	1,179	7,095	CBL
1ST LINER	6+1/8	4+1/2	11.6	6954	11,192				CALC

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	
PARKMAN	3,703				
SUSSEX	4,524				
SHANNON	4,934				
TEEPEE BUTTES	6,031				
NIOBRARA	6,687				

Operator Comments

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: 5/30/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400426171	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400426167	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			
400426135	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426156	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426157	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426158	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426161	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426165	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426173	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
#Error	corrected formation tops per mud log. added status on casing strings	1/7/2015 9:42:37 AM
#Error	Corrected as-drilled longitude to reflect directional survey and align with adjacent wells on pad. Corrected BHL footages to reflect directional survey reported values. Corrected PBTVD to reflect directional survey.	1/6/2015 12:26:46 PM

Total: 2 comment(s)