

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.

Document Number:
400421746

Date Received:
05/21/2013

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 05-123-35637-00 County: WELD

Well Name: Wells Ranch Well Number: AE08-64-1HN

Location: QtrQtr: SWSW Section: 8 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 1134 feet Direction: FSL Distance: 215 feet Direction: FWL

As Drilled Latitude: 40.497090 As Drilled Longitude: -104.355160

GPS Data:
Date of Measurement: 07/25/2012 PDOP Reading: 5.9 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1650 feet. Direction: FSL Dist.: 835 feet. Direction: FWL

Sec: 8 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1791 feet. Direction: FSL Dist.: 548 feet. Direction: FEL

Sec: 8 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) 09/13/2012 Date TD: 11/12/2012 Date Casing Set or D&A: 11/12/2012

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

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

Total Depth MD 11166 TVD** 6698 Plug Back Total Depth MD 11150 TVD** 6682

Elevations GR 4929 KB 4959 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/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
SURF	13+3/4	9+5/8	36	0	743	336	0	743	VISU
1ST	8+3/4	7	26	0	7,128	560	560	7,128	CALC
1ST LINER	6+1/8	4+1/2	11.6	6982	11,151	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	2,597				
PARKMAN	3,693				
SUSSEX	4,495				
SHANNON	5,082				
TEEPEE BUTTES	6,082				
NIOBRARA	6,763				

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: 5/21/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400421840	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400421841	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			
400421746	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421826	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421830	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421834	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421836	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421837	PDF-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421843	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421930	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421931	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768571	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768572	PDF-MUD	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)