

FORM
5Rev
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:

400421492

Date Received:

05/21/2013

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: 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 05-123-35640-00

County: WELD

Well Name: Wells Ranch

Well Number: AE08-62-1HN

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

Footage at surface: Distance: 1059 feet Direction: FSL Distance: 215 feet Direction: FWL

As Drilled Latitude: 40.496900 As Drilled Longitude: -104.355170

GPS Data:

Date of Measurement: 09/25/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 351 feet. Direction: FSL Dist.: 777 feet. Direction: FWL

Sec: 6 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 477 feet. Direction: FSL Dist.: 528 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) 09/11/2012 Date TD: 11/27/2012 Date Casing Set or D&A: 11/28/2012

Rig Release Date: Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11193 TVD** 6695 Plug Back Total Depth MD 11177 TVD** 6679

Elevations GR 4929 KB 4959

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD-HZ/VERT, 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	756	405	0	756	VISU
1ST	8+3/4	7	26	0	7,152	555	1,400	7,152	CALC
1ST LINER	6+1/8	4+1/2	11.6	6974	11,178	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	2,622				
PARKMAN	3,724				
SUSSEX	4,528				
SHANNON	5,115				
TEEPEE BUTTES	6,115				
NIOBRARA	6,817				

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 ?
<u>Attachment Checklist</u>		
400421544	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400421546	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"/>
<u>Other Attachments</u>		
400421492	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421517	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421532	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421536	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421537	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421538	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421539	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421540	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400421549	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400768586	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400768588	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)