

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:
400427799

Date Received:
06/03/2013

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 05-123-35645-00 County: WELD

Well Name: WELLS RANCH AE Well Number: 18-67-1HN

Location: QtrQtr: NWNW Section: 18 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 1017 feet Direction: FNL Distance: 215 feet Direction: FWL

As Drilled Latitude: 40.491050 As Drilled Longitude: -104.374570

GPS Data:
Date of Measurement: 09/27/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1633 feet. Direction: FNL Dist.: 815 feet. Direction: FWL

Sec: 18 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1546 feet. Direction: FNL Dist.: 566 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) 10/25/2012 Date TD: 10/31/2012 Date Casing Set or D&A: 10/31/2012

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

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

Total Depth MD 11159 TVD** 6637 Plug Back Total Depth MD 11138 TVD** 6616

Elevations GR 4848 KB 4872 **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	24	16	42.05	0	124	80	0	214	VISU
SURF	13+3/4	9+5/8	36	0	622	399	0	622	VISU
1ST	8+3/4	7	26	0	7,035	635	836	7,035	CALC
1ST LINER	6+1/8	4+1/2	11.6	6930	11,139	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	
PARKMAN	3,623				
SUSSEX	4,507				
SHANNON	4,995				
TEEPEE BUTTES	5,818				
NIOBRARA	6,693				

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: 6/3/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400427816	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400427817	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			
400427799	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427807	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427808	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427810	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427811	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427812	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427814	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427815	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427818	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400769916	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400769957	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)