

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



Document Number:

400438985

Date Received:

06/25/2013

## 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 05-123-34424-00

County: WELD

Well Name: Wells Ranch USX

Well Number: AA25-68-1HN

Location: QtrQtr: NWNW Section: 25 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1039 feet Direction: FNL Distance: 302 feet Direction: FWL

As Drilled Latitude: 40.461890 As Drilled Longitude: -104.393540

## GPS Data:

Date of Measurement: 05/10/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 941 feet Direction: FNL Dist.: 939 feet Direction: FWL

Sec: 25 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 953 feet Direction: FNL Dist.: 535 feet Direction: FEL

Sec: 25 Twp: 6N Rng: 63W

Field Name: CROW CREEK

Field Number: 13610

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/13/2011 Date TD: 10/20/2011 Date Casing Set or D&amp;A: 03/17/2012

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10832 TVD\*\* 6599 Plug Back Total Depth MD 10831 TVD\*\* 6599

Elevations GR 4815 KB 4839 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	75	0	124	160	0	124	VISU
SURF	13+3/4	9+5/8	36	0	584	343	0	584	VISU
1ST	8+3/4	7	26	0	6,966	570	4,780	6,966	CBL
1ST LINER	6+1/8	4+1/2	11.6	6591	10,832	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	2,574				
PARKMAN	3,645				
SUSSEX	4,416				
SHANNON	4,966				
TEEPEE BUTTES	5,843				
NIOBRARA	6,660				

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: 6/25/2013 Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400439004	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400439005	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>					
400438985	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400438994	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400438995	GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400438998	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400438999	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400439003	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400439007	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 BHL footage to reflect directional survey reported value. Corrected PBTVD to reflect directional survey.	1/13/2015 10:56:47 AM
#Error	Permit predates Horizontal offset policy. No offset mitigation required on permit. Casing set on 3/17/2012; Form 5 submitted on 6/25/2013 (15 months).	1/7/2015 3:43:12 PM

Total: 2 comment(s)