

FORM
5
Rev
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



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Document Number:
400573838

Date Received:
03/19/2014

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 05-123-37221-00 County: WELD
 Well Name: WELLS RANCH AE Well Number: 20-65-1HN
 Location: QtrQtr: NWSW Section: 20 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 1793 feet Direction: FSL Distance: 215 feet Direction: FWL
 As Drilled Latitude: 40.469892 As Drilled Longitude: -104.355322

GPS Data:
 Date of Measurement: 01/09/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2322 feet. Direction: FSL Dist.: 685 feet. Direction: FWL
 Sec: 20 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 2326 feet. Direction: FSL Dist.: 536 feet. Direction: FEL
 Sec: 20 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) 10/19/2013 Date TD: 10/24/2013 Date Casing Set or D&A: 10/25/2013
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 11077 TVD** 6592 Plug Back Total Depth MD 11066 TVD** 6592

Elevations GR 4785 KB 4809 **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	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	964	513	0	964	VISU
1ST	8+3/4	7	26	0	6,940	565	770	6,940	CALC
1ST LINER	6+1/8	4+1/2	11.6	6828	11,067	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	1,074				
PARKMAN	3,538				
SUSSEX	4,079				
SHANNON	4,872				
TEEPEE BUTTES	5,908				
NIOBRARA	6,520				

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: 3/19/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400573905	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
400573838	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573853	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573859	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573886	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573889	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573891	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573895	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573897	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573900	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573903	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573909	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810280	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810288	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	1) CBL corrupted. 2) Directional data is incorrect. Contacted operator. Returned to draft.	3/9/2015 4:15:25 PM

Total: 1 comment(s)