

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



Document Number:

400553569

Date Received:

02/11/2014

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 05-123-37563-00 County: WELD
Well Name: Wells Ranch AA Well Number: 26-63-1HN
Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 1674 feet Direction: FSL Distance: 153 feet Direction: FWL
As Drilled Latitude: 40.454750 As Drilled Longitude: -104.394104

GPS Data:
Date of Measurement: 07/28/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 957 feet Direction: FSL Dist.: 610 feet Direction: FEL
Sec: 26 Twp: 6N Rng: 63W
** If directional footage at Bottom Hole Dist.: 998 feet Direction: FSL Dist.: 162 feet Direction: FWL
Sec: 26 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/24/2013 Date TD: 11/04/2013 Date Casing Set or D&A: 11/05/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 11661 TVD** 6719 Plug Back Total Depth MD 11645 TVD** 6719
Elevations GR 4792 KB 4816 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	26	16	84	0	128	72	0	128	VISU
SURF	13+3/4	9+5/8	36	0	984	471	0	984	VISU
1ST	8+3/4	7	26	0	7,068	575	906	7,068	CBL
1ST LINER	6+1/8	4+1/2	11.6	6962	11,646				

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	2,865				
PARKMAN	3,574				
SUSSEX	4,449				
SHANNON	5,015				
TEEPEE BUTTES	6,053				
NIOBRARA	6,645				

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: 2/11/2014

Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400553623	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400553625	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			
400553569	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553591	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553597	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553605	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553611	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553614	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553617	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553620	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553622	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400553626	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	need surface cement job summary. actual cement used & returns to surface by 3/20/2015. SURface cement # of sacks used adjusted per Description of job events sent 3/17/2015.	3/13/2015 10:46:45 AM
Permit	Corrected TD MD value to reflect directional survey.	3/6/2015 10:58:34 AM

Total: 2 comment(s)