

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:

400674661

Date Received:

08/28/2014

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

API Number 05-123-38665-00

County: WELD

Well Name: Wells Ranch

Well Number: AA35-68-1BHNC

Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 718 feet Direction: FNL Distance: 164 feet Direction: FWL

As Drilled Latitude: 40.448182 As Drilled Longitude: -104.394102

GPS Data:

Date of Measurement: 01/15/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 1076 feet Direction: FNL Dist.: 622 feet Direction: FEL

Sec: 35 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1072 feet Direction: FNL Dist.: 535 feet Direction: FWL

Sec: 35 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) 03/14/2014 Date TD: 03/20/2014 Date Casing Set or D&A: 03/21/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11307 TVD** 6710 Plug Back Total Depth MD 11307 TVD** 6710

Elevations GR 4808 KB 4838 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/Mud/Gamma

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	42.09	0	130	65	0	130	VISU
SURF	13+3/4	9+5/8	36	0	623	361	0	623	VISU
1ST	8+3/4	7	26	0	7,081	556	775	7,081	CBL
1ST LINER	6+1/8	4+1/2	11.6	6977	11,292				

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	1,092				
PARKMAN	3,610				
SUSSEX	4,351				
SHANNON	4,950				
NIOBRARA	6,610				

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: Eileen Roberts

Title: Regulatory Specialist

Date: 8/28/2014

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400674839	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400674845	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>			
400674661	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400674851	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400674857	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675066	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675071	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675074	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675076	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected TPZ footage FEL per directional survey calculation. Corrected BHL footage FNL per directional survey calculation.	5/5/2015 2:13:40 PM

Total: 1 comment(s)