

**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:

400680970

Date Received:

09/10/2014

**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 05-123-38666-00 County: WELD  
 Well Name: Wells Ranch Well Number: AA35-69-1AHNC  
 Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 63W Meridian: 6  
 Footage at surface: Distance: 568 feet Direction: FNL Distance: 164 feet Direction: FWL  
 As Drilled Latitude: 40.448593 As Drilled Longitude: -104.394110

## GPS Data:

Date of Measurement: 09/09/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele\*\* If directional footage at Top of Prod. Zone Dist.: 169 feet Direction: FNL Dist.: 641 feet. Direction: FELSec: 35 Twp: 6N Rng: 63W\*\* If directional footage at Bottom Hole Dist.: 161 feet Direction: FNL Dist.: 535 feet. Direction: FWLSec: 35 Twp: 6N Rng: 63WField Name: CROW CREEK Field Number: 13610

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 02/06/2014 Date TD: 02/13/2014 Date Casing Set or D&A: 02/14/2014

Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

## Well Classification:

 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  ObservationTotal Depth MD 11299 TVD\*\* 6756 Plug Back Total Depth MD 11299 TVD\*\* 6756Elevations GR 4810 KB 4840 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	632	381	0	632	VISU
1ST	8+3/4	7	26	0	7,066	726	413	7,066	CBL
1ST LINER	6+1/8	4+1/2	11.6	6952	11,289				

**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	1,106				
PARKMAN	3,631				
SUSSEX	4,372				
SHANNON	4,971				
NIOBRARA	6,638				

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: 9/10/2014 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400683270	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400683272	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"/>
<b>Other Attachments</b>			
400680970	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683231	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683246	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683251	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683257	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683264	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683269	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400683273	DIRECTIONAL DATA	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)