

**DRILLING COMPLETION REPORT**

Document Number:  
400840117

Date Received:

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: 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 05-123-38688-00 County: WELD  
 Well Name: Wells Ranch Well Number: AE30-64-1BHNA  
 Location: QtrQtr: SWSW Section: 29 Township: 6N Range: 62W Meridian: 6  
 Footage at surface: Distance: 1086 feet Direction: FSL Distance: 65 feet Direction: FWL  
 As Drilled Latitude: 40.453390 As Drilled Longitude: -104.356220

GPS Data:  
 Date of Measurement: 11/04/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1490 feet. Direction: FSL Dist.: 653 feet. Direction: FEL  
 Sec: 30 Twp: 6N Rng: 62W  
 \*\* If directional footage at Bottom Hole Dist.: 1485 feet. Direction: FSL Dist.: 385 feet. Direction: FEL  
 Sec: 25 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) 06/10/2014 Date TD: 06/16/2014 Date Casing Set or D&A: 06/17/2014  
 Rig Release Date: 06/17/2014 Per Rule 308A.b.

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

Total Depth MD 11901 TVD\*\* 6477 Plug Back Total Depth MD 11877 TVD\*\* 6477  
 Elevations GR 4753 KB 4777 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 CBL/Mud/Gamma. A Rule 317.p. Exception was granted for the subject well and no open hole logs were run.

**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	42.5	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	634	371	0	634	VISU
1ST	8+3/4	7	26	24	6,808	555	635	6,808	CBL
1ST LINER	6+1/8	4+1/2	11.6	6698	11,886				

### 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	1,056				
PARKMAN	3,554				
SUSSEX	4,295				
SHANNON	4,854				
NIOBRARA	6,610				

Comment:

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 Analyst I

Date: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400843046	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400840164	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>			
400840166	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843050	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843055	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843058	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843066	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843067	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843068	LAS-GAMMA RAY	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)