

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.

Document Number:
400723122

Date Received:
11/18/2014

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 05-123-38692-00 County: WELD

Well Name: Wells Ranch Well Number: AE30-63-1HNC

Location: QtrQtr: SWSW Section: 29 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 973 feet Direction: FSL Distance: 65 feet Direction: FWL

As Drilled Latitude: 40.453088 As Drilled Longitude: -104.356240

GPS Data:
Date of Measurement: 03/03/2014 PDOP Reading: 5.0 GPS Instrument Operator's Name: dRiley Jonnson

** If directional footage at Top of Prod. Zone Dist.: 990 feet. Direction: FSL Dist.: 723 feet. Direction: FEL
Sec: 30 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 990 feet. Direction: FSL Dist.: 384 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) 05/07/2014 Date TD: 05/16/2014 Date Casing Set or D&A: 05/17/2014

Rig Release Date: 05/17/2014 Per Rule 308A.b.

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

Total Depth MD 12033 TVD** 6581 Plug Back Total Depth MD 12014 TVD** 6581

Elevations GR 4752 KB 4776 **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+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	634	357	0	634	VISU
1ST	8+3/4	7+0/0	26.00	0	6,901	565	580	6,901	CBL
1ST LINER	6+1/8	4+1/2	11.60	6751	12,023	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	1,081				
PARKMAN	3,502				
SUSSEX	4,275				
SHANNON	4,805				
NIOBRARA	6,464				

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 Specialist Date: 11/18/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400723179	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400723185	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			
400723122	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723213	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723220	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723227	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723236	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723242	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723243	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723245	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400850484	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	Directional drillign data is missing. Operator contected. Returned to draft.	5/14/2015 8:16:17 AM

Total: 1 comment(s)