

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:
400918521

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-41249-00 County: WELD

Well Name: Wells Ranch Well Number: AA11-615

Location: QtrQtr: SESE Section: 11 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 638 feet Direction: FSL Distance: 215 feet Direction: FEL

As Drilled Latitude: 40.495600 As Drilled Longitude: -104.395020

GPS Data:
Date of Measurement: 05/12/2015 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 313 feet. Direction: FSL Dist.: 823 feet. Direction: FEL

Sec: 11 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 330 feet. Direction: FSL Dist.: 2085 feet. Direction: FEL

Sec: 10 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) 05/21/2015 Date TD: 05/27/2015 Date Casing Set or D&A: 05/28/2015

Rig Release Date: 05/29/2015 Per Rule 308A.b.

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

Total Depth MD 13907 TVD** 6740 Plug Back Total Depth MD 13883 TVD** 6740

Elevations GR 4830 KB 4854 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Gamma, no mud logs run. No resistivity log run do to exiting offset well; Wells Ranch USX AA 11-16P, 123-31063

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	42.9	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	589	270	0	589	VISU
1ST	8+3/4	7	26	24	7,023	584	278	7,023	CBL
1ST LINER	6+1/8	4+1/2	11.6	6594	13,505				

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	1,157				
PARKMAN	3,667				
SUSSEX	4,288				
SHANNON	5,012				
NIOBRARA	6,828				

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 Date: _____ Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400918821	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400918824	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			
400918803	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918813	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918818	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918820	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918825	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)