

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



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Document Number:
400938717

Date Received:

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.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Julie Webb
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223
 Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-41514-00 County: WELD
 Well Name: Wells Ranch State Well Number: A36-649
 Location: QtrQtr: NESE Section: 31 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 2285 feet Direction: FSL Distance: 390 feet Direction: FEL
 As Drilled Latitude: 40.441989 As Drilled Longitude: -104.471619

GPS Data:
 Date of Measurement: 06/15/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1918 feet. Direction: FSL Dist.: 891 feet. Direction: FEL
 Sec: 31 Twp: 6N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 2416 feet. Direction: FSL Dist.: 61 feet. Direction: FWL
 Sec: 36 Twp: 6N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/01/2015 Date TD: 07/08/2015 Date Casing Set or D&A: 07/04/2015
 Rig Release Date: 07/21/2015 Per Rule 308A.b.

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

Total Depth MD 16778 TVD** 6717 Plug Back Total Depth MD 15467 TVD** 6709
 Elevations GR 4657 KB 4681 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Cased-hole Neutron

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	0	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	0	846	332	0	846	VISU
1ST	8+3/4	7	26	0	7,061	585	160	7,061	CBL
1ST LINER	6+1/8	4+1/2	11.6	5723	16,778				

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	
PARKMAN	3,529				
SUSSEX	4,248				
SHANNON	4,855				
NIOBRARA	6,577				

Comment:

As Built GPS was surveyed after conductor was set.
Rig Release is per well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400947544	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400947538	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			
400947539	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947546	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947548	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947549	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947557	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947558	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400947560	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>

Total: 0 comment(s)