

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:

400699311

Date Received:

10/02/2014

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 05-123-38650-00 County: WELD  
Well Name: WELLS RANCH Well Number: AE30-67-1BHNA  
Location: QtrQtr: SWNW Section: 29 Township: 6N Range: 62W Meridian: 6  
Footage at surface: Distance: 1959 feet Direction: FNL Distance: 65 feet Direction: FWL  
As Drilled Latitude: 40.459593 As Drilled Longitude: -104.356092

GPS Data:  
Date of Measurement: 08/26/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1835 feet Direction: FNL Dist.: 638 feet Direction: FEL  
Sec: 30 Twp: 6N Rng: 62W  
\*\* If directional footage at Bottom Hole Dist.: 1825 feet Direction: FNL Dist.: 273 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) 04/05/2014 Date TD: 04/12/2014 Date Casing Set or D&A: 04/15/2014  
Rig Release Date: 04/16/2014 Per Rule 308A.b.

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

Total Depth MD 11885 TVD\*\* 6488 Plug Back Total Depth MD 11859 TVD\*\* 6488  
Elevations GR 4764 KB 4788 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	124	72	0	124	VISU
SURF	13+3/4	9+5/8	36	0	651	406	0	651	VISU
1ST	8+3/4	7	26	0	6,770	551	410	6,770	CBL
1ST LINER	6+1/8	4+1/2	11.6	6703	11,870				

**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	1,062				
PARKMAN	3,490				
SUSSEX	4,268				
SHANNON	4,838				
NIOBRARA	6,627				

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: 10/2/2014 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400699674	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400699682	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>			
400699311	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699690	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699907	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699912	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699914	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699917	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699921	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699926	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)