

FORM
5Rev
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



DE ET OE ES

Document Number:

401055285

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 05-123-41985-00

County: WELD

Well Name: Wells Ranch

Well Number: BB01-675

Location: QtrQtr: LOT 4 Section: 5 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 788 feet Direction: FNL Distance: 518 feet Direction: FWL

As Drilled Latitude: 40.433780 As Drilled Longitude: -104.354970

GPS Data:

Date of Measurement: 12/23/2015 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 989 feet. Direction: FNL Dist.: 828 feet. Direction: FEL

Sec: 6 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1185 feet. Direction: FNL Dist.: 543 feet. Direction: FWL

Sec: 1 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/17/2016 Date TD: 03/23/2016 Date Casing Set or D&A: 03/25/2016

Rig Release Date: 03/25/2016 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16379 TVD** 6552 Plug Back Total Depth MD 16355 TVD** 6552

Elevations GR 4700 KB 4730

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, GR Resistivity log ran on 123-41971

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	110	99	0	110	VISU
SURF	13+1/2	9+5/8	36	0	1,888	600	0	1,877	VISU
1ST	8+1/2	5+1/2	20	0	16,379				CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/25/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,000	608	2,400	7,000

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	3,463				
SUSSEX	4,204				
SHANNON	4,855				
SHARON SPRINGS	6,400				
NIOBRARA	6,439				

Comment:

As built GPS was surveyed after conductor was set on 12/21/2015. No mud logs ran.

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 ?
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Attachment Checklist

401055302	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401060114	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

401060118	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401060120	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401060121	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401060137	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401060142	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)