

**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:  
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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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**

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

Total: 0 comment(s)