

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:

401429126

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 05-123-44251-00

County: WELD

Well Name: Wells Ranch

Well Number: AF07-618

Location: QtrQtr: SESE Section: 8 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1200 feet Direction: FSL Distance: 175 feet Direction: FEL

As Drilled Latitude: 40.410153 As Drilled Longitude: -104.338306

GPS Data:

Date of Measurement: 06/27/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 608 feet. Direction: FSL Dist.: 492 feet. Direction: FEL

Sec: 8 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 540 feet. Direction: FSL Dist.: 539 feet. Direction: FWL

Sec: 7 Twp: 5N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/28/2017 Date TD: 08/01/2017 Date Casing Set or D&A: 08/02/2017

Rig Release Date: 08/16/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16051 TVD** 6558 Plug Back Total Depth MD 15990 TVD** 6558

Elevations GR 4714 KB 4744

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

List Electric Logs Run:

CBL, GR, Resistivity

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	64	0	110	VISU
SURF	13+1/2	9+5/8	36	0	1,941	662	0	1,941	VISU
1ST	8+1/2	5+1/2	20	0	16,033	1,747	2,448	16,033	CBL

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	407				
PARKMAN	3,399				
SUSSEX	4,173				
SHANNON	4,867				
TEEPEE BUTTES	5,807				
NIOBRARA	6,415				

Comment:

As drilled GPS was surveyed after conductor was set on 6/14/2017.
TPZ is estimated, actual TPZ will be submitted on the form 5A.

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

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401429146	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401432425	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"/>
<u>Other Attachments</u>		
401429138	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429139	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429141	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429142	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429143	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429144	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429145	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401429147	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)