

DRILLING COMPLETION REPORT

Document Number:
401289684

Date Received:

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: LOGAN BOUGHAL
 Name of Operator: NOBLE ENERGY INC Phone: (832) 6397447
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-43875-00 County: WELD
 Well Name: Wells Ranch State Well Number: AA33-785
 Location: QtrQtr: SWSW Section: 21 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 255 feet Direction: FSL Distance: 772 feet Direction: FWL
 As Drilled Latitude: 40.465537 As Drilled Longitude: -104.448035

GPS Data:
 Date of Measurement: 02/13/2017 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele`

** If directional footage at Top of Prod. Zone Dist.: 106 feet. Direction: FNL Dist.: 324 feet. Direction: FWL
 Sec: 28 Twp: 6N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 536 feet. Direction: FSL Dist.: 372 feet. Direction: FWL
 Sec: 33 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 81/6524-S

Spud Date: (when the 1st bit hit the dirt) 03/17/2017 Date TD: 03/21/2017 Date Casing Set or D&A: 03/21/2017
 Rig Release Date: 04/01/2017 Per Rule 308A.b.

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

Total Depth MD 16720 TVD** 6697 Plug Back Total Depth MD 16660 TVD** 6697

Elevations GR 4703 KB 4733 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, (DIL in 123-43876)

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	1,926	679	0	1,926	VISU
1ST	8+1/2	5+1/2	20	0	16,707	1,856	2,178	16,707	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	
PARKMAN	3,501				
SUSSEX	4,037				
SHANNON	4,857				
TEEPEE BUTTES	5,899				
NIOBRARA	6,708				

Comment:

As drilled GPS was surveyed after conductor was set on 1/20/2017.
No mud logs ran. No open hole logs ran per rule 317.p exception. Neutron log ran on WELLS RANCH STATE AA33-790.
TPZ is estimated, actual TPZ will be submitted on 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: LOGAN BOUGHAL

Title: Regulatory Analyst II

Date: _____

Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401289769	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401289766	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			
401289755	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401289756	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401289762	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401289764	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401289780	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)