

**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:

401286624

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: 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 05-123-43873-00

County: WELD

Well Name: Wells Ranch State

Well Number: AA33-750

Location: QtrQtr: SESW Section: 21 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 255 feet Direction: FSL Distance: 2502 feet Direction: FWL

As Drilled Latitude: 40.465559 As Drilled Longitude: -104.441817

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.: 461 feet. Direction: FNL Dist.: 2584 feet. Direction: FWL

Sec: 28 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 537 feet. Direction: FSL Dist.: 2626 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) 03/15/2017 Date TD: 03/19/2017 Date Casing Set or D&A: 03/19/2017

Rig Release Date: 03/25/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16362 TVD** 6617 Plug Back Total Depth MD 16304 TVD** 6617

Elevations GR 4720 KB 4750 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, GR, (DIL in 123-43874)

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	1,929	679	0	1,929	VISU
1ST	8+1/2	5+1/2	20	0	16,352	1,814	1,620	16,352	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	468				
PARKMAN	3,546				
SUSSEX	4,062				
SHANNON	4,798				
TEEPEE BUTTES	5,913				
NIOBRARA	6,617				

Comment:

As drilled GPS was surveyed after conductor was set on 1/24/2017.
No mud logs were run on this well. No open hole logs were run on this well per 317.p exception.
The designated Neutron log for this pad was run on Wells Ranch State AA33-755 (05-123-43874).
TPZ was 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 ?	
<u>Attachment Checklist</u>			
401289194	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401289201	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>			
401289204	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401290019	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401290020	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401290025	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401290027	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>
		Stamp Upon Approval

Total: 0 comment(s)