

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:

401768116

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 05-123-44963-00

County: WELD

Well Name: Wells Ranch

Well Number: BB09-650

Location: QtrQtr: NWSW Section: 11 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 2335 feet Direction: FSL Distance: 285 feet Direction: FWL

As Drilled Latitude: 40.413037 As Drilled Longitude: -104.412465

GPS Data:

Date of Measurement: 08/08/2018 PDOP Reading: 4.7 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 2595 feet. Direction: FNL Dist.: 200 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2655 feet. Direction: FNL Dist.: 535 feet. Direction: FWL

Sec: 9 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) 09/09/2018 Date TD: 09/13/2018 Date Casing Set or D&A: 09/15/2018

Rig Release Date: 09/28/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16609 TVD** 6730 Plug Back Total Depth MD 16609 TVD** 6730

Elevations GR 4670 KB 4700

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

List Electric Logs Run:

Well not yet logged. Log will be provided on a Sundry. Mud log run on Wells Ranch BB11-650 (05-123-44961), and open hole neutron log run on Wells Ranch BB11-643 (05-123-44962).

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	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,940	683	0	1,940	VISU
1ST	8+1/2	5+1/2	020	0	16,609	1,679	2,499	16,609	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	
FOX HILLS	292				
PIERRE	498				
PARKMAN	3,473				
SUSSEX	4,154				
SHANNON	4,807				
TEEPEE BUTTES	5,720				
NIOBRARA	6,461				

Comment:

TPZ IS ESTIMATED AND WILL BE REPORTED 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>		
401768117	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401818818	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>		
401818787	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401818789	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401818802	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401818810	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401818820	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)

