

**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:  
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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: Craig Richardson  
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232  
 Address: 1001 NOBLE ENERGY WAY Fax: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-44953-00 County: WELD  
 Well Name: Wells Ranch Well Number: BB09-626  
 Location: QtrQtr: SWSW Section: 11 Township: 5N Range: 63W Meridian: 6  
 Footage at surface: Distance: 963 feet Direction: FSL Distance: 285 feet Direction: FWL  
 As Drilled Latitude: 40.409274 As Drilled Longitude: -104.412440

GPS Data:  
 Date of Measurement: 08/08/2018 PDOP Reading: 2.3 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

\*\* If directional footage at Top of Prod. Zone Dist.: 997 feet. Direction: FSL Dist.: 196 feet. Direction: FWL  
 Sec: 11 Twp: 5N Rng: 63W  
 \*\* If directional footage at Bottom Hole Dist.: 1039 feet. Direction: FSL Dist.: 485 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) 10/01/2018 Date TD: 10/05/2018 Date Casing Set or D&A: 10/07/2018  
 Rig Release Date: 10/19/2018 Per Rule 308A.b.

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

Total Depth MD 16983 TVD\*\* 6605 Plug Back Total Depth MD 16920 TVD\*\* 6605

Elevations GR 4676 KB 4706 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
MWD/LWD, (Resistivity in 123-44950)

**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	1,931	667	0	1,931	VISU
1ST	8+1/2	5+1/2	20	0	16,967	1,741	2,415	16,967	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 BASE	301				
PIERRE	519				
PARKMAN	3,456				
SUSSEX	3,983				
SHANNON	4,809				
TEEPEE BUTTES	5,738				
SHARON SPRINGS	6,425				
NIOBRARA	6,443				

Comment:

As drilled GPS was surveyed after conductor was set.  
 TPZ is estimated, actual TPZ will be submitted on the form 5A.  
 The CBL was not run; this will be ran prior to completing the well and submitted on a form 4 sundry.  
 No Open hole logs ran per rule 317.p. Resistivity log ran on Wells Ranch BB11-618 (123-44950)

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: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: julie.webb@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401840294	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401840295	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>			
401840290	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873301	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873302	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873303	PDF-MWD/LWD	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)

