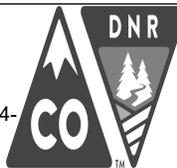


FORM  
5

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



DE ET OE ES

Document Number:  
401858094

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 05-123-44948-00 County: WELD  
Well Name: Wells Ranch State Well Number: BB09-617  
Location: QtrQtr: SWSW Section: 11 Township: 5N Range: 63W Meridian: 6  
Footage at surface: Distance: 925 feet Direction: FSL Distance: 285 feet Direction: FWL  
As Drilled Latitude: 40.409167 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.: 541 feet. Direction: FSL Dist.: 227 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 392 feet. Direction: FSL Dist.: 490 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) 10/07/2018 Date TD: 10/11/2018 Date Casing Set or D&A: 10/12/2018

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 17000 TVD\*\* 6555 Plug Back Total Depth MD 16934 TVD\*\* 6555

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	1,948	683	0	1,948	VISU
1ST	8+1/2	5+1/2	20	0	16,982	1,739	2,500	16,982	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	300				
PIERRE	518				
PARKMAN	3,478				
SUSSEX	3,989				
SHANNON	4,818				
TEEPEE BUTTES	5,763				
SHARON SPRINGS	6,450				
NIOBRARA	6,470				

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 Oper hole logs ran per rule 317.p. Resistivity log ran on Wells Ranch BB11-44950 (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>			
401858097	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401878651	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>			
401878630	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401878633	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401878645	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401878652	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)

