

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:
401858125

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 05-123-44952-00 County: WELD
 Well Name: Wells Ranch Well Number: BB09-639
 Location: QtrQtr: SWSW Section: 11 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 1000 feet Direction: FSL Distance: 285 feet Direction: FWL
 As Drilled Latitude: 40.409377 As Drilled Longitude: -104.412441

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.: 1714 feet. Direction: FSL Dist.: 161 feet. Direction: FWL
 Sec: 11 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 2047 feet. Direction: FSL Dist.: 487 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) 10/13/2018 Date TD: 10/17/2018 Date Casing Set or D&A: 10/19/2018
 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 17020 TVD** 6525 Plug Back Total Depth MD 16957 TVD** 6525

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	1,955	674	0	1,955	VISU
1ST	8+1/2	5+1/2	20	0	17,004	1,737	2,300	17,004	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	300				
PIERRE	519				
PARKMAN	3,476				
SUSSEX	4,003				
SHANNON	4,836				
TEEPEE BUTTES	5,779				
SHARON SPRINGS	6,490				
NIOBRARA	6,536				

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 ?	
Attachment Checklist			
401858131	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401862274	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			
401862273	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873122	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873124	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873125	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)

