

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.

Document Number:
402100526

Date Received:

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 05-123-48164-00 County: WELD

Well Name: Wells Ranch State Well Number: AA36-633

Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 2046 feet Direction: FSL Distance: 817 feet Direction: FWL

As Drilled Latitude: 40.441588 As Drilled Longitude: -104.353808

GPS Data:
Date of Measurement: 04/19/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1519 feet. Direction: FSL Dist.: 9 feet. Direction: FWL
Sec: 32 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1513 feet. Direction: FSL Dist.: 248 feet. Direction: FWL
Sec: 36 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/03/2019 Date TD: 05/17/2019 Date Casing Set or D&A: 05/18/2019

Rig Release Date: 05/24/2019 Per Rule 308A.b.

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

Total Depth MD 16912 TVD** 6505 Plug Back Total Depth MD 16845 TVD** 6505

Elevations GR 4726 KB 4756 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, (Resistivity in 123-30489)

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	660	0	1,948	VISU
1ST	8+1/2	5+1/2	17	0	16,892	1,725	1,764	16,892	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	
PARKMAN	3,525				
SUSSEX	4,280				
TEEPEE BUTTES	5,694				
SHARON SPRINGS	6,467				
NIOBRARA	6,497				

Comment:

Noble short set TPZ and BHL; the spacing unit did not change.

As drilled GPS was surveyed after conductor was set.

TPZ is estimated, actual TPZ will be submitted on Form 5A.

Open Hole Logging Exception: No open hole logs run per rule 317.p. Resistivity ran on Wells Ranch AE 32-05 (123-30489).

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			
402117160	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402117177	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			
402117175	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117179	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117183	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117187	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117194	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)

