

FORM  
5

Rev  
10/14

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

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Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: Denverregulatory@nblenergy.com

API Number 05-123-50175-00 County: WELD  
Well Name: WELLS RANCH STATE Well Number: AA32-789  
Location: QtrQtr: Lot 4 Section: 5 Township: 5N Range: 63W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 300 feet Direction: FNL Distance: 663 feet Direction: FWL  
As Drilled Latitude: 40.434903 As Drilled Longitude: -104.467838

GPS Data:  
Date of Measurement: 10/28/2019 PDOP Reading: 2.1 GPS Instrument Operator's Name: Toa Sagapolutele  
FNL/FSL FEL/FWL

\*\* If directional footage at Top of Prod. Zone Dist: 385 feet Direction: FSL Dist: 66 feet Direction: FWL  
Sec: 32 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist: 1 feet Direction: FSL Dist: 879 feet Direction: FEL  
Sec: 19 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) 11/06/2019 Date TD: 11/10/2019 Date Casing Set or D&A: 11/11/2019

Rig Release Date: 11/23/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16938 TVD\*\* 6693 Plug Back Total Depth MD 16875 TVD\*\* 6693

Elevations GR 4672 KB 4702 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, (Dual Ind in 123-18841)

### 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	1,935	647	0	1,935	VISU
1ST	8+1/2	5+1/2	17	0	16,924	1,741	2,355	16,924	CALC

### 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	3,496				
SUSSEX	4,043				
SHANNON	4,834				
TEEPEE BUTTES	5,966				
SHARON SPRINGS	6,556				
NIOBRARA	6,608				

Operator Comments:

TPZ is estimated. Actual will be submitted on 5A.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. Dual IND ran on UPV 5-4H3 (123-18841).

Noble will run the CBL prior to completing (perforating) the well. The CBL will be submitted via Sundry Notice immediately after it is run. The top of cement calculation is based on contractor's cement tickets.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Stephany Olsen

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email: stephany.olsen@nblenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402271092	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402284341	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>			
402284291	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284294	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284297	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284342	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)

