

FORM
5

Rev
02/08

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:

400573232

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

1. OGCC Operator Number: <u>100322</u>	4. Contact Name: <u>Kathleen Mills</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-37218-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WELLS RANCH AE</u>	Well Number: <u>20-65HN</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>20</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1831</u> feet Direction: <u>FSL</u> Distance: <u>215</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.469996</u> As Drilled Longitude: <u>-104.355328</u>	

GPS Data:

Data of Measurement: 01/09/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2571 feet. Direction: FNL Dist.: 901 feet. Direction: FWL
Sec: 20 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 2526 feet. Direction: FNL Dist.: 535 feet. Direction: FEL
Sec: 20 Twp: 6N Rng: 62W

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>10/26/2013</u>	13. Date TD: <u>11/02/2013</u>	14. Date Casing Set or D&A: <u>11/03/2013</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>10826</u> TVD** <u>6562</u>	17 Plug Back Total Depth MD <u>10264</u> TVD** <u>6562</u>
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18. Elevations GR <u>4785</u> KB <u>4809</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

CBL,MUD, GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	968	562	0	968	VISU
1ST	8+3/4	7	26	0	6,957	565	1,060	6,957	CALC
1ST LINER	6+1/8	4	11.6	6299	10,265	0			

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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,074		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,561		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,110		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,923		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,960		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,612		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400573244	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400573243	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			
400573236	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573237	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573238	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573239	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573240	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573241	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573242	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573245	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)