

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



DE ET OE ES

Document Number:

400429634

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

5. API Number 05-123-36293-00 6. County: WELD  
7. Well Name: ROHN Well Number: LB22-62HN  
8. Location: QtrQtr: SESE Section: 21 Township: 9N Range: 60W Meridian: 6  
Footage at surface: Distance: 312 feet Direction: FSL Distance: 275 feet Direction: FEL  
As Drilled Latitude: 40.729007 As Drilled Longitude: -104.089021

GPS Data:  
Date of Measurement: 06/03/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: BRANDI BINGHAM

\*\* If directional footage at Top of Prod. Zone Dist.: 690 feet. Direction: FSL Dist.: 812 feet. Direction: FEL  
Sec: 22 Twp: 9N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 850 feet. Direction: FSL Dist.: 676 feet. Direction: FEL  
Sec: 22 Twp: 9N Rng: 60W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/04/2013 13. Date TD: 02/10/2013 14. Date Casing Set or D&A: 02/11/2013

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

16. Total Depth MD 10617 TVD\*\* 6267 17 Plug Back Total Depth MD 10607 TVD\*\* 6257

18. Elevations GR 4982 KB 5006 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
CBL, 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	26	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	749	337	0	749	VISU
1ST	8+3/4	7	26	0	6,644	555	1,013	6,644	CALC
1ST LINER	6+1/8	4+1/2	11.6	6542	10,607	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	2,683		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,479		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	3,568		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,069		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,652		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,563		<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 ?	
<b>Attachment Checklist</b>			
400429643	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400429646	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>			
400429639	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400429640	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400429641	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400429642	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400429647	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)