

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:

400535560

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 05-123-37461-00

6. County: WELD

7. Well Name: Rohn State

Well Number: LD04-62HN

8. Location: QtrQtr: SESE Section: 4 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 737 feet Direction: FSL Distance: 480 feet Direction: FEL

As Drilled Latitude: 40.775184 As Drilled Longitude: -103.861253

GPS Data:

Date of Measurement: 07/24/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 666 feet. Direction: FSL Dist.: 1167 feet. Direction: FEL

Sec: 4 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 675 feet. Direction: FSL Dist.: 684 feet. Direction: FWL

Sec: 4 Twp: 9N Rng: 58W

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) 09/07/2013 13. Date TD: 09/13/2013 14. Date Casing Set or D&A: 09/14/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9580 TVD** 5745 17 Plug Back Total Depth MD 9569 TVD** 5745

18. Elevations GR 4711 KB 4735

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, 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	26	16	84	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	1,212	466	0	1,212	VISU
1ST	8+3/4	7	26	0	6,088	515	990	6,088	CALC
1ST LINER	6+1/8	4+1/2	11.6	5982	9,570	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	2,210		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,236		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,867		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,308		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,006		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,695		<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 ?
<u>Attachment Checklist</u>		
400535602	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400535603	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>		
400535586	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535587	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535589	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535590	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535595	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535598	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535600	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535604	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400535755	PDF-CEMENT BOND	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)