

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:
400534120

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 05-123-37463-00 6. County: WELD
7. Well Name: Rohn State Well Number: LD04-64HN
8. Location: QtrQtr: NESE Section: 4 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 2027 feet Direction: FSL Distance: 480 feet Direction: FEL
As Drilled Latitude: 40.778747 As Drilled Longitude: -103.861923

GPS Data:

Date of Measurement: 11/27/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: ELICEO CALDERSON

** If directional footage at Top of Prod. Zone Dist.: 2008 feet. Direction: FSL Dist.: 1179 feet. Direction: FEL

Sec: 4 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1978 feet. Direction: FSL Dist.: 676 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) 08/09/2013 13. Date TD: 08/13/2013 14. Date Casing Set or D&A: 08/14/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9476 TVD** 5695 17 Plug Back Total Depth MD 9460 TVD** 5695

18. Elevations GR 4706 KB 4730

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	496	0	1,212	VISU
1ST	8+3/4	7	26	0	6,033	500	1,000	6,033	CALC
1ST LINER	6+1/8	4+1/2	11.6	5963	9,461	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	2,203		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,243		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,872		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,308		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	4,883		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,699		<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			
400534161	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400534324	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			
400534325	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534326	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534330	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534331	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534333	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534341	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534343	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534344	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535783	LAS-GAMMA RAY	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)