

FORM  
5Rev  
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:

400539358

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 05-123-37545-00

6. County: WELD

7. Well Name: ROHN STATE

Well Number: LD09-68HN

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

Footage at surface: Distance: 898 feet Direction: FNL Distance: 480 feet Direction: FEL

As Drilled Latitude: 40.770598 As Drilled Longitude: -103.861704

## GPS Data:

Date of Measurement: 08/20/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: BRANDI BINGHAM

\*\* If directional footage at Top of Prod. Zone Dist.: 599 feet. Direction: FNL Dist.: 1070 feet. Direction: FEL

Sec: 9 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 664 feet. Direction: FNL Dist.: 662 feet. Direction: FEL

Sec: 9 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) 09/17/2013 13. Date TD: 09/22/2013 14. Date Casing Set or D&amp;A: 09/23/2013

## 15. Well Classification:

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

16. Total Depth MD 9716 TVD\*\* 5762 17 Plug Back Total Depth MD 7800 TVD\*\* 5762

18. Elevations GR 4740 KB 4770

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	42.09	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36	0	1,244	523	0	1,244	VISU
1ST	8+3/4	7	26	0	6,023	508	1,042	6,023	CALC
1ST LINER	6+1/8	4+1/2	11.6	6007	9,701	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	2,237		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,315		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,968		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,388		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,086		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,738		<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>					
400539411	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400539413	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>					
400539393	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539397	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539398	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539399	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539403	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539406	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539409	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539415	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400539659	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)