

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.

Document Number:
400723043

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Kathleen Mills

Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38144-00 County: WELD

Well Name: Storis Well Number: E24-75-1HC

Location: QtrQtr: NENE Section: 24 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FNL Distance: 1257 feet Direction: FEL

As Drilled Latitude: 40.477814 As Drilled Longitude: -104.606387

GPS Data:
Date of Measurement: 03/22/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 813 feet. Direction: FNL Dist.: 2308 feet. Direction: FEL
Sec: 24 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 226 feet. Direction: FSL Dist.: 2342 feet. Direction: FEL
Sec: 24 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/27/2014 Date TD: 05/04/2014 Date Casing Set or D&A: 05/06/2014

Rig Release Date: 06/21/2014 Per Rule 308A.b.

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

Total Depth MD 11784 TVD** 6948 Plug Back Total Depth MD 11764 TVD** 6948

Elevations GR 4684 KB 4708 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR

CASING, LINER AND CEMENT

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	42.05	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	795	400	0	795	VISU
1ST	8+3/4	7	26	0	7,460	365	300	7,460	CALC
1ST LINER	6+1/8	4+1/2	11.6	7312	11,774	256			

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	955				
PARKMAN	3,596				
SUSSEX	4,135				
SHANNON	4,892				
TEEPEE BUTTES	6,002				
NIOBRARA	6,860				NBRR A 6869, NBRR C 7179
CODELL	7,510				

Comment:

GPS TAKEN ON CONDUCTOR

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: k Mills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400723080	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400723082	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			
400723058	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723059	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723074	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723075	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723076	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723077	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723078	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723079	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723084	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)