

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:
400731811

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 05-123-39026-00 County: WELD

Well Name: NCLP Well Number: AA06-65-1AHNC

Location: QtrQtr: NWSW Section: 4 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 2238 feet Direction: FSL Distance: 100 feet Direction: FWL

As Drilled Latitude: 40.514672 As Drilled Longitude: -104.450872

GPS Data:
Date of Measurement: 05/28/2014 PDOP Reading: 4.8 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 2320 feet. Direction: FSL Dist.: 565 feet. Direction: FEL
Sec: 5 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2351 feet. Direction: FSL Dist.: 536 feet. Direction: FWL
Sec: 6 Twp: 6N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/10/2014 Date TD: 07/25/2014 Date Casing Set or D&A: 07/25/2014

Rig Release Date: 08/14/2014 Per Rule 308A.b.

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

Total Depth MD 16458 TVD** 6787 Plug Back Total Depth MD 16442 TVD** 6787

Elevations GR 4711 KB 4735 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR/RES

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	42.09	0	124	88	0	124	VISU
SURF	13+3/4	9+5/8	36	0	822	478	0	822	VISU
1ST	8+3/4	7	26	0	7,039	565	760	7,039	CALC
1ST LINER	6+1/8	4+1/2	11.5	6938	16,443	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:

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	1,027				
PARKMAN	3,521				
SUSSEX	4,362				
SHANNON	4,931				
TEEPEE BUTTES	5,782				
NIOBRARA	6,586				NBRR B 6746, NBRR C 6898

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: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400731865	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400731866	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			
400731839	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731847	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731848	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731857	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731859	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731860	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731861	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731863	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731864	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400731867	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)