

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:
400770559

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 05-123-39556-00 County: WELD

Well Name: Heartland Well Number: C30-79HN

Location: QtrQtr: SESE Section: 25 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 282 feet Direction: FSL Distance: 343 feet Direction: FEL

As Drilled Latitude: 40.276743 As Drilled Longitude: -104.603570

GPS Data:
Date of Measurement: 07/14/2014 PDOP Reading: 3.3 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 991 feet. Direction: FSL Dist.: 97 feet. Direction: FEL
Sec: 25 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 362 feet. Direction: FNL Dist.: 54 feet. Direction: FEL
Sec: 24 Twp: 4N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/09/2014 Date TD: 08/20/2014 Date Casing Set or D&A: 08/22/2014

Rig Release Date: 09/27/2014 Per Rule 308A.b.

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

Total Depth MD 16660 TVD** 7042 Plug Back Total Depth MD 16660 TVD** 7042

Elevations GR 4844 KB 4860 **Digital Copies of ALL Logs must be Attached per Rule 308A**

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

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	90	64	0	90	VISU
SURF	13+3/4	9+5/8	36	0	713	347	0	713	VISU
1ST	8+3/4	7	26	0	7,293	664	500	7,293	CBL
1ST LINER	6+1/8	4+1/2	11.6	7222	16,650				

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	1,072				
PARKMAN	3,812				
SUSSEX	4,225				
SHANNON	5,014				
TEEPEE BUTTES	6,119				
NIOBRARA	6,914				

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			
400770781	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400770786	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			
400770788	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777090	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777096	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777098	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777100	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777101	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777102	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777103	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777104	PDF-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)