

FORM
5

Rev
09/14

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:

400778450

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

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 05-123-37452-00 County: WELD
Well Name: Rohn State Well Number: LD03-62-1HN
Location: QtrQtr: SESE Section: 4 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 699 feet Direction: FSL Distance: 330 feet Direction: FEL
As Drilled Latitude: 40.775075 As Drilled Longitude: -103.861262

GPS Data:

Date of Measurement: 10/09/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 332 feet. Direction: FSL Dist.: 619 feet. Direction: FWL

Sec: 3 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 341 feet. Direction: FSL Dist.: 661 feet. Direction: FEL

Sec: 3 Twp: 9N Rng: 58W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/22/2014 Date TD: 09/26/2014 Date Casing Set or D&A: 09/26/2014

Rig Release Date: 10/04/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 10188 TVD** 5702 Plug Back Total Depth MD 10188 TVD** 5702

Elevations GR 4706 KB 4730 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

USIT, MUD, 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	84	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	1,211	459	0	1,211	VISU
1ST	8+3/4	7	26	0	6,037	441	1,025	6,037	CBL
1ST LINER	6+1/8	4+1/2	11.5	5922	10,178				

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	
FOX HILLS BASE	538				
PIERRE	2,175				
PARKMAN	3,218				
SUSSEX	3,853				
SHANNON	4,276				
TEEPEE BUTTES	5,015				
NIOBRARA	5,772				

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: k Mills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400778555	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400778566	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			
400778490	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778497	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778518	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778537	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778539	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778546	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778547	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778550	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400778571	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)