

FORM
5Rev
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:

400788764

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 05-123-37617-00

County: WELD

Well Name: ROHN STATE

Well Number: LD10-63HN

Location: QtrQtr: SESE Section: 9 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 885 feet Direction: FSL Distance: 330 feet Direction: FEL

As Drilled Latitude: 40.761006 As Drilled Longitude: -103.861128

GPS Data:

Date of Measurement: 08/08/2014 PDOP Reading: 3.7 GPS Instrument Operator's Name: TOA SAGAPLOUTELE

** If directional footage at Top of Prod. Zone Dist.: 1319 feet. Direction: FSL Dist.: 619 feet. Direction: FWL

Sec: 10 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1336 feet. Direction: FSL Dist.: 774 feet. Direction: FEL

Sec: 10 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) 10/08/2014 Date TD: 10/12/2014 Date Casing Set or D&A: 10/14/2014

Rig Release Date: 10/27/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9952 TVD** 5640 Plug Back Total Depth MD 9952 TVD** 5640

Elevations GR 4717 KB 4741 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	42.09	0	124	64	0	124	VISU
SURF	13+1/2	9+5/8	36	0	1,235	467	0	1,235	VISU
1ST	8+3/4	7	26	0	6,017	440	905	6,017	CBL
1ST LINER	6+1/8	4+1/2	11.5	5905	9,937				

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	541				
PIERRE	2,197				
PARKMAN	3,242				
SUSSEX	3,878				
SHANNON	4,330				
TEEPEE BUTTES	5,029				
NIOBRARA	5,874				

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>		
400788797	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400788828	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>		
400788829	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788833	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788834	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788835	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788838	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788839	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788840	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788841	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400788842	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)