

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



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Document Number:

400798736

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 05-123-37618-00

County: WELD

Well Name: ROHN STATE

Well Number: LD10-67HN

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

Footage at surface: Distance: 1650 feet Direction: FNL Distance: 330 feet Direction: FEL

As Drilled Latitude: 40.768835 As Drilled Longitude: -103.861153

## GPS Data:

Date of Measurement: 07/22/2014 PDOP Reading: 4.9 GPS Instrument Operator's Name: RILEY JONSSON

\*\* If directional footage at Top of Prod. Zone Dist.: 1283 feet. Direction: FNL Dist.: 1305 feet. Direction: FWL

Sec: 10 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 1315 feet. Direction: FNL Dist.: 660 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) 09/17/2014 Date TD: 09/23/2014 Date Casing Set or D&amp;A: 09/24/2014

Rig Release Date: 10/09/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 9637 TVD\*\* 5677 Plug Back Total Depth MD 9637 TVD\*\* 5677

Elevations GR 4730 KB 4760 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	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	0	1,200	476	0	1,200	VISU
1ST	8+3/4	7	26	0	6,200	579	1,090	6,200	CBL
1ST LINER	6+1/8	4+1/2	11.5	6065	9,622				

## 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	2,219				
PARKMAN	3,316				
SUSSEX	3,982				
SHANNON	4,413				
TEEPEE BUTTES	5,121				
NIOBRARA	6,006				

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>		
400798775	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400798778	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>		
400798756	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798761	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798765	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798767	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798768	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798769	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798770	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798771	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400798784	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)