

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:
400794973

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 05-123-39012-00 County: WELD

Well Name: MAHALO STATE Well Number: AA09-72-1AHNB

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

Footage at surface: Distance: 325 feet Direction: FSL Distance: 1253 feet Direction: FEL

As Drilled Latitude: 40.509519 As Drilled Longitude: -104.436700

GPS Data:
Date of Measurement: 11/26/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 578 feet. Direction: FNL Dist.: 533 feet. Direction: FEL
Sec: 9 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 25 feet. Direction: FNL Dist.: 449 feet. Direction: FEL
Sec: 16 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) 01/08/2015 Date TD: 01/16/2015 Date Casing Set or D&A: 01/17/2015

Rig Release Date: 01/17/2015 Per Rule 308A.b.

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

Total Depth MD 11883 TVD** 6594 Plug Back Total Depth MD 11883 TVD** 6594

Elevations GR 4700 KB 4716 **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	92	80	0	92	VISU
SURF	13+3/4	9+5/8	36	0	825	386	0	825	VISU
1ST	8+3/4	7	26	0	7,038	559	1,210	7,038	CBL
1ST LINER	6+1/8	4+1/2	11.6	6856	11,868				

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	993				
PARKMAN	3,497				
SUSSEX	4,309				
SHANNON	4,900				
TEEPEE BUTTES	5,824				
NIOBRARA	6,677				

Comment:

WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN 2 YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

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			
400795003	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400795005	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			
400794991	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794993	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794994	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794995	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794996	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794998	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794999	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400795002	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400795006	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)