

**DRILLING COMPLETION REPORT**

Document Number:  
400831557

Date Received:

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: EILEEN ROBERTS  
 Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
 Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
 City: DENVER State: CO Zip: 80202

API Number 05-123-39703-00 County: WELD  
 Well Name: Smith State Well Number: LD12-73-1BHN  
 Location: QtrQtr: SESE Section: 1 Township: 9N Range: 58W Meridian: 6  
 Footage at surface: Distance: 250 feet Direction: FSL Distance: 1227 feet Direction: FEL  
 As Drilled Latitude: 40.773860 As Drilled Longitude: -103.806750

GPS Data:  
 Date of Measurement: 10/15/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 443 feet. Direction: FNL Dist.: 883 feet. Direction: FEL  
 Sec: 12 Twp: 9N Rng: 58W  
 \*\* If directional footage at Bottom Hole Dist.: 330 feet. Direction: FSL Dist.: 880 feet. Direction: FEL  
 Sec: 12 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) 12/08/2014 Date TD: 12/12/2014 Date Casing Set or D&A: 12/13/2014  
 Rig Release Date: 12/13/2014 Per Rule 308A.b.

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

Total Depth MD 10286 TVD\*\* 5772 Plug Back Total Depth MD 10274 TVD\*\* 5772  
 Elevations GR 4653 KB 4683 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/Mud/Gamma. The Designated well for Resistivity on this pad will be Smith State 12-73HN

**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	42.05	30	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	30	1,252	432	0	1,252	VISU
1ST	8+3/4	7	26	30	5,857	442	500	5,857	CBL
1ST LINER	6+1/8	4+1/2	11.6	5772	10,286				

### 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	2,292				
PARKMAN	3,180				
SUSSEX	3,775				
SHANNON	4,205				
NIOBRARA	5,643				

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Eileen Roberts

Title: Regulatory Analyst I

Date: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400831574	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400831576	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"/>
<b>Other Attachments</b>			
400831566	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831567	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831568	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831569	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831571	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831573	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831577	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)