

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:

400831557

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: 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 ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 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"/> |
| <u>Other Attachments</u> | | |
| 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)