

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:
400864349

Date Received:

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 05-123-37604-00 County: WELD

Well Name: Reliance E Well Number: 23-65-1HN

Location: QtrQtr: NESE Section: 23 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 2125 feet Direction: FSL Distance: 280 feet Direction: FEL

As Drilled Latitude: 40.469980 As Drilled Longitude: -104.621850

GPS Data:
Date of Measurement: 12/03/2015 PDOP Reading: 3.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2385 feet. Direction: FSL Dist.: 725 feet. Direction: FEL

Sec: 23 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2387 feet. Direction: FSL Dist.: 538 feet. Direction: FWL

Sec: 23 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/12/2015 Date TD: 03/16/2015 Date Casing Set or D&A: 03/17/2015

Rig Release Date: 03/17/2015 Per Rule 308A.b.

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

Total Depth MD 11193 TVD** 6767 Plug Back Total Depth MD 11159 TVD** 6767

Elevations GR 4695 KB 4725 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma. The designated reistivity log on this pad will be, Reliance E 23-66-1HC

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 | 30 | 130 | 80 | 0 | 130 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 30 | 785 | 361 | 0 | 785 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 30 | 7,240 | 526 | 1,045 | 7,240 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 7049 | 11,168 | | | | |

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 | 950 | | | | |
| PARKMAN | 3,609 | | | | |
| SUSSEX | 4,111 | | | | |
| SHANNON | 4,879 | | | | |
| NIOBRARA | 7,004 | | | | |

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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400864401 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400864400 | 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 | | | |
| 400864392 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864393 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864395 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864397 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864398 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864399 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400864403 | 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)