

DRILLING COMPLETION REPORT

Document Number:
400859280

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 05-123-38143-00 County: WELD
 Well Name: RELIANCE Well Number: E23-69HN
 Location: QtrQtr: NWNW Section: 23 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 1235 feet Direction: FNL Distance: 755 feet Direction: FWL
 As Drilled Latitude: 40.475410 As Drilled Longitude: -104.637290

GPS Data:
 Date of Measurement: 12/18/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 184 feet. Direction: FNL Dist.: 784 feet. Direction: FWL
 Sec: 23 Twp: 6N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 150 feet. Direction: FEL
 Sec: 23 Twp: 6N Rng: 65W

Field Name: GREELEY Field Number: 32760
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/10/2015 Date TD: 02/16/2015 Date Casing Set or D&A: 02/16/2015
 Rig Release Date: 02/18/2015 Per Rule 308A.b.

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

Total Depth MD 11732 TVD** 6948 Plug Back Total Depth MD 11708 TVD** 6948
 Elevations GR 4733 KB 4763 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma The designated resistivity log on this pad will be; Reliance E 23-69HN, 123-38143

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	132	80	0	132	VISU
SURF	13+1/2	9+5/8	36	30	782	342	0	782	VISU
1ST	8+3/4	7	26	30	7,398	548	980	7,398	CBL
1ST LINER	6+1/8	4+1/2	11.6	7285	11,717				

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	1,011				
PARKMAN	3,690				
SUSSEX	4,243				
SHANNON	5,015				
NIOBRARA	6,935				

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			
400883607	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400859396	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			
400859312	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859320	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859332	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859334	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859336	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859338	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859395	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883799	PDF-NEUTRON	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)