

DRILLING COMPLETION REPORT

Document Number:
400778926

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: 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 05-123-37453-00 County: WELD
 Well Name: Rohn State Well Number: LD03-63HN
 Location: QtrQtr: NESE Section: 4 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 1952 feet Direction: FSL Distance: 330 feet Direction: FEL
 As Drilled Latitude: 40.778516 As Drilled Longitude: -103.861365

GPS Data:
 Date of Measurement: 10/09/2014 PDOP Reading: 3.4 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 1413 feet. Direction: FSL Dist.: 562 feet. Direction: FWL
 Sec: 3 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 1321 feet. Direction: FSL Dist.: 656 feet. Direction: FEL
 Sec: 3 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) 09/20/2014 Date TD: 09/27/2014 Date Casing Set or D&A: 09/28/2014
 Rig Release Date: 10/04/2014 Per Rule 308A.b.

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

Total Depth MD 10166 TVD** 5688 Plug Back Total Depth MD 10168 TVD** 5688
 Elevations GR 4705 KB 4729 **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	24	16	42.09	0	124	80	0	124	VISU
SURF	13+1/2	8+5/8	36	0	1,213	473	0	1,213	VISU
1ST	8+3/4	7	26	0	6,020	639	800	6,020	CBL
1ST LINER	6+1/8	4+1/2	11.6	5790	10,164	347	5,790	10,164	CBL

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	
FOX HILLS BASE	534				
PIERRE	2,176				
PARKMAN	3,240				
SUSSEX	3,894				
SHANNON	4,312				
TEEPEE BUTTES	5,053				
NIOBRARA	5,813				

Comment:

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: k Mills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400989324	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400989327	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			
400781527	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781530	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781535	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781538	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781544	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781569	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781571	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781574	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781577	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400989329	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)