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400254355

Date Received:
03/01/2012

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

1. OGCC Operator Number: 100322 4. Contact Name: EILEEN ROBERTS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33023-00 6. County: WELD
 7. Well Name: Rohn PC LD Well Number: 16-96HN
 8. Location: QtrQtr: SWSW Section: 9 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 250 feet Direction: FSL Distance: 250 feet Direction: FWL
 As Drilled Latitude: 40.759280 As Drilled Longitude: -103.877940

GPS Data:
 Date of Measurement: 07/25/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1151 feet. Direction: FNL Dist.: 683 feet. Direction: FWL
 Sec: 16 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 639 feet. Direction: FNL Dist.: 712 feet. Direction: FEL
 Sec: 16 Twp: 9N Rng: 58W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 9059.6

12. Spud Date: (when the 1st bit hit the dirt) 06/29/2011 13. Date TD: 07/05/2011 14. Date Casing Set or D&A: 07/07/2011

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

16. Total Depth MD 10140 TVD** 5759 17 Plug Back Total Depth MD 10115 TVD** 5734

18. Elevations GR 4787 KB 4811
 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL/GRL/CL.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36.00	24	617	310	0	680	CALC
1ST	8+3/4	7+0/0	26.00	24	6,308	490	1,070	6,332	CBL
1ST LINER	6+1/8	4+1/2	11.60	5161	10,125	0	0	10,125	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,318		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,954		<input type="checkbox"/>	<input type="checkbox"/>	

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 Specialist Date: 3/1/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested MWD log.	3/9/2012 8:03:34 AM
Permit	On hold - Well is reporting that it encroached upon the unit to the west.	3/9/2012 6:43:00 AM

Total: 2 comment(s)