

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400409629

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

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 05-123-33413-00 6. County: WELD
7. Well Name: ROHN LD Well Number: 09-62HN
8. Location: QtrQtr: SESE Section: 9 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL
As Drilled Latitude: 40.759970 As Drilled Longitude: -103.861670

GPS Data:
Date of Measurement: 10/30/2012 PDOP Reading: 3.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 654 feet. Direction: FSL Dist.: 794 feet. Direction: FEL
Sec: 9 Twp: 9N Rng: 58W
** If directional footage at Bottom Hole Dist.: 636 feet. Direction: FSL Dist.: 660 feet. Direction: FWL
Sec: 9 Twp: 9N Rng: 58W

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

12. Spud Date: (when the 1st bit hit the dirt) 09/18/2012 13. Date TD: 09/24/2012 14. Date Casing Set or D&A: 09/24/2012

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

16. Total Depth MD 9981 TVD** 5654 17 Plug Back Total Depth MD 9957 TVD** 5630

18. Elevations GR 4713 KB 4743
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/CCL/VDL.
No other logs sent at this time.

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
CONDUCTOR	24+0/0	16+0/0	75.00	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	1,490	585	0	1,490	VISU
1ST	8+3/4	7+0/0	26.00	0	6,117	495	1,648	6,117	CALC
1ST LINER	6+1/8	4+1/2	11.60	6015	9,966				

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:

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	3,259		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,021		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,605		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,097		<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: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400417693	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400417695	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>			
400417691	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417692	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417697	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)