

FORM
5Rev
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



DE ET OE ES

Document Number:

400535955

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37479-00

6. County: WELD

7. Well Name: Rohn State

Well Number: LD04-68-1HN

8. Location: QtrQtr: NWNW Section: 4 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 585 feet Direction: FNL Distance: 400 feet Direction: FWL

As Drilled Latitude: 40.786021 As Drilled Longitude: -103.877753

GPS Data:

Data of Measurement: 11/27/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: ELICEO CALDERON

** If directional footage at Top of Prod. Zone Dist.: 964 feet. Direction: FNL Dist.: 1394 feet. Direction: FWL

Sec: 4 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 922 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 3 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) 08/10/2013 13. Date TD: 08/19/2013 14. Date Casing Set or D&A: 08/22/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 14802 TVD** 5689 17 Plug Back Total Depth MD 14786 TVD** 5689

18. Elevations GR 4748 KB 4778

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, MUD, GR

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 | 26 | 16 | 42.09 | 0 | 130 | 80 | 0 | 130 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 636 | 382 | 0 | 636 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,146 | 473 | 540 | 6,146 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6054 | 14,787 | 0 | | | |

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 | |
| PIERRE | 2,286 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,351 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,975 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,377 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 5,127 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 5,950 | | <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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400535986 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400535989 | 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> | | |
| 400535969 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535974 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535975 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535979 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535981 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535982 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535984 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400535991 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400536016 | PDF-CEMENT BOND | 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)