

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:

400544307

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 05-123-37528-00

6. County: WELD

7. Well Name: ROHN STATE

Well Number: LD09-64-1HN

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

Footage at surface: Distance: 2050 feet Direction: FSL Distance: 480 feet Direction: FEL

As Drilled Latitude: 40.764213 As Drilled Longitude: -103.861654

GPS Data:

Date of Measurement: 01/09/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Riley Josson

** If directional footage at Top of Prod. Zone Dist.: 1589 feet. Direction: FSL Dist.: 1132 feet. Direction: FEL

Sec: 9 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1662 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) 10/31/2013 13. Date TD: 11/06/2013 14. Date Casing Set or D&A: 11/07/2013

15. Well Classification:

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

16. Total Depth MD 9687 TVD** 5748 17 Plug Back Total Depth MD 9670 TVD** 5748

18. Elevations GR 4716 KB 4746

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/Gamma

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	42.09	0	130	80	0	130	VISU
SURF	13+3/4	9+5/8	36.00	0	1,245	524	0	1,245	VISU
1ST	8+3/4	7+0/0	26.00	0	6,134	495	1,752	6,134	CALC
1ST LINER	6+1/8	4+1/2	11.60	6062	9,672	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	2,197		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,286		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,933		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,350		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,732		<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>					
400544763	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400544764	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>					
400544739	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544744	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544745	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544751	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544754	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544756	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544758	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544762	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400544767	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)