

**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.

Document Number:  
400584067

Date Received:

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 05-123-35855-00 6. County: WELD  
 7. Well Name: BETHYL Well Number: GW30-16  
 8. Location: QtrQtr: SESE Section: 30 Township: 8N Range: 63W Meridian: 6  
 Footage at surface: Distance: 875 feet Direction: FSL Distance: 179 feet Direction: FEL  
 As Drilled Latitude: 40.626791 As Drilled Longitude: -104.469020

GPS Data:  
 Date of Measurement: 04/07/2014 PDOP Reading: 5.0 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 644 feet. Direction: FSL Dist.: 641 feet. Direction: FEL  
 Sec: 30 Twp: 8N Rng: 63W  
 \*\* If directional footage at Bottom Hole Dist.: 650 feet. Direction: FSL Dist.: 684 feet. Direction: FEL  
 Sec: 30 Twp: 8N Rng: 63W

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) 08/20/2013 13. Date TD: 08/27/2013 14. Date Casing Set or D&A: 09/02/2013

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

16. Total Depth MD 9150 TVD\*\* 9108 17 Plug Back Total Depth MD 9047 TVD\*\* 9108

18. Elevations GR 4938 KB 4954 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	18+0/0	16+0/0	84.00	0	100	48	0	100	
SURF	13+3/4	9+5/8	36.00	0	864	504	0	864	
1ST	8+3/4	7+0/0	26.00	6300	9,134	540	2,600	9,134	

## 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	2,683		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,719		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,592		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,163		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,759		<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 ?	
<b>Attachment Checklist</b>			
400588147	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400584200	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"/>
<b>Other Attachments</b>			
400584175	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584225	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588149	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588152	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588153	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588157	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588158	LAS-GAMMA RAY	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)