

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:
400701643

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Kathleen Mills

Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38778-00 County: WELD

Well Name: TRISHA Well Number: LC29-74HNB

Location: QtrQtr: SWSE Section: 29 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 340 feet Direction: FSL Distance: 2129 feet Direction: FEL

As Drilled Latitude: 40.714950 As Drilled Longitude: -104.000102

GPS Data:
Date of Measurement: 03/22/2014 PDOP Reading: 4.2 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 1051 feet. Direction: FSL Dist.: 1998 feet. Direction: FEL
Sec: 29 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 678 feet. Direction: FNL Dist.: 1980 feet. Direction: FEL
Sec: 20 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/22/2014 Date TD: 06/02/2014 Date Casing Set or D&A: 06/05/2014

Rig Release Date: 06/18/2014 Per Rule 308A.b.

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

Total Depth MD 15548 TVD** 6126 Plug Back Total Depth MD 15539 TVD** 6126

Elevations GR 4872 KB 4896 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, MUD, GR

CASING, LINER AND CEMENT

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	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	616	363	0	616	VISU
1ST	8+3/4	7	26	0	6,496	525	1,250	6,496	CALC
1ST LINER	6+1/8	4+1/2	11.50	6384	15,538	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,525				
PARKMAN	3,391				
SUSSEX	4,053				
SHANNON	4,483				
TEEPEE BUTTES	5,298				
NIOBRARA	6,071				

Comment:

GPS TAKEN ON CONDUCTOR

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 ?	
Attachment Checklist			
400701825	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400701823	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"/>
Other Attachments			
400701673	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701676	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701677	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701681	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701688	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701689	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701691	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701692	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400701829	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)