

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:
400714492

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 05-123-38866-00 County: WELD
 Well Name: TAHOMA E Well Number: 22-69HC
 Location: QtrQtr: SWSW Section: 14 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 293 feet Direction: FSL Distance: 530 feet Direction: FWL
 As Drilled Latitude: 40.479599 As Drilled Longitude: -104.638172

GPS Data:
 Date of Measurement: 10/23/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: TOA SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FNL Dist.: 2000 feet. Direction: FEL
 Sec: 22 Twp: 6N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 110 feet. Direction: FNL Dist.: 73 feet. Direction: FWL
 Sec: 22 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/07/2014 Date TD: 06/14/2014 Date Casing Set or D&A: 06/14/2014
 Rig Release Date: 07/23/2014 Per Rule 308A.b.

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

Total Depth MD 11989 TVD** 7089 Plug Back Total Depth MD 11973 TVD** 7089
 Elevations GR 4739 KB 4755 **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
SURF	13+3/4	9+5/8	36	0	620	358	0	620	VISU
1ST	8+3/4	7	26	0	7,549	617	575	7,549	CALC
1ST LINER	6+1/8	4+1/2	11.6	7310	11,974	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	955				
PARKMAN	3,616				
SUSSEX	4,184				
SHANNON	4,965				
TEEPEE BUTTES	6,084				
NIOBRARA	6,836				
CODELL	7,394				

Comment:

NO CONDUCTOR, DRILL SURF, INTERM & PROD CASING ONLY.

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: k Mills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400714695	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400714692	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			
400714676	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714677	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714679	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714682	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714685	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714688	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714690	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714691	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714696	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)