

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:
400770870

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 05-123-39553-00 County: WELD

Well Name: Heartland State Well Number: C31-79-1HN

Location: QtrQtr: SESE Section: 25 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 282 feet Direction: FSL Distance: 298 feet Direction: FEL

As Drilled Latitude: 40.276742 As Drilled Longitude: -104.603419

GPS Data:
Date of Measurement: 07/14/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: RILEY JONSSON

** If directional footage at Top of Prod. Zone Dist.: 816 feet. Direction: FNL Dist.: 304 feet. Direction: FWL
Sec: 31 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 76 feet. Direction: FSL Dist.: 441 feet. Direction: FWL
Sec: 31 Twp: 4N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: 70/7902-S

Spud Date: (when the 1st bit hit the dirt) 09/09/2014 Date TD: 09/17/2014 Date Casing Set or D&A: 09/18/2014

Rig Release Date: 09/27/2014 Per Rule 308A.b.

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

Total Depth MD 11911 TVD** 6984 Plug Back Total Depth MD 11911 TVD** 6984

Elevations GR 4845 KB 4861 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
USIT, GR/MWD, MUD

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	94	64	0	94	VISU
SURF	13+3/4	9+5/8	36	0	711	350	0	711	VISU
1ST	8+3/4	7	26	0	7,373	642	630	7,373	CBL
1ST LINER	6+1/8	4+1/2	11.6	7253	11,896				

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	1,098				
PARKMAN	3,614				
SUSSEX	4,252				
SHANNON	5,046				
TEEPEE BUTTES	6,142				
NIOBRARA	6,932				

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			
400771099	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400771098	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			
400775359	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775987	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775990	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775995	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775996	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400775997	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776000	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400776007	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777761	PDF-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)