

FORM
5Rev
09/14

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:

400777974

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

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 05-123-37471-00

County: WELD

Well Name: Rohn State

Well Number: LD03-63-1HN

Location: QtrQtr: SESE Section: 4 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 774 feet Direction: FSL Distance: 330 feet Direction: FEL

As Drilled Latitude: 40.775282 As Drilled Longitude: -103.861264

GPS Data:

Date of Measurement: 10/09/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 1001 feet. Direction: FSL Dist.: 611 feet. Direction: FWL

Sec: 3 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1005 feet. Direction: FSL Dist.: 812 feet. Direction: FEL

Sec: 3 Twp: 9N Rng: 58W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/08/2014 Date TD: 09/13/2014 Date Casing Set or D&A: 09/13/2014

Rig Release Date: 10/04/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10023 TVD** 5671 Plug Back Total Depth MD 10023 TVD** 5671

Elevations GR 4706 KB 4730 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

USIT, MUD, MWD

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	84	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	1,207	387	0	1,207	VISU
1ST	8+3/4	7	26	0	6,041	441	1,050	6,041	CBL
1ST LINER	6+1/8	4+1/2	11.6	5910	10,008				

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	2,177				
PARKMAN	3,253				
SUSSEX	3,894				
SHANNON	4,314				
TEEPEE BUTTES	5,009				
NIOBRARA	5,769				

Comment:

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 ?
<u>Attachment Checklist</u>		
400778160	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400778169	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>		
400778106	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778110	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778112	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778143	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778145	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778150	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778151	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778154	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400778207	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)