

FORM
5
Rev
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



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Document Number:
400778790

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: <u>100322</u>	Contact Name: <u>Kathleen Mills</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-37475-00</u>	County: <u>WELD</u>
Well Name: <u>Rohn State</u>	Well Number: <u>LD03-62HN</u>
Location: QtrQtr: <u>SESE</u> Section: <u>4</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>737</u> feet Direction: <u>FSL</u> Distance: <u>330</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.775177</u> As Drilled Longitude: <u>-103.861260</u>	

GPS Data:
Date of Measurement: 10/09/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: TAO SAGAPOLUTELE

** If directional footage at Top of Prod. Zone Dist.: 674 feet. Direction: FSL Dist.: 600 feet. Direction: FWL
Sec: 3 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 648 feet. Direction: FSL Dist.: 668 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) 09/14/2014 Date TD: 09/20/2014 Date Casing Set or D&A: 09/21/2014
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 10095 TVD** 5665 Plug Back Total Depth MD 10095 TVD** 5665

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

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

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+1/2	9+5/8	36	0	1,218	454	0	1,218	VISU
1ST	8+3/4	7	26	0	5,985	435	1,225	5,985	CBL
1ST LINER	6+1/8	4+1/2	11.5	5900	10,095				

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	
FOX HILLS BASE	539				
PIERRE	2,173				
PARKMAN	3,223				
SUSSEX	3,872				
SHANNON	4,295				
TEEPEE BUTTES	4,998				
NIOBRARA	5,824				

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: k Mills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400778808	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400778809	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			
400778810	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780701	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780702	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780703	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780704	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780706	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780707	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780708	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400780709	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)