

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:
400539760

Date Received:
01/15/2014

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 05-123-37480-00 County: WELD
 Well Name: Rohn State Well Number: LD04-67-1HN
 Location: QtrQtr: SENE Section: 4 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 1750 feet Direction: FNL Distance: 480 feet Direction: FEL
 As Drilled Latitude: 40.782871 As Drilled Longitude: -103.862009

GPS Data:
 Date of Measurement: 11/04/2013 PDOP Reading: 3.0 GPS Instrument Operator's Name: MATT SIVIGLIANO

** If directional footage at Top of Prod. Zone Dist.: 1678 feet. Direction: FNL Dist.: 1121 feet. Direction: FEL
 Sec: 4 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 1650 feet. Direction: FNL Dist.: 672 feet. Direction: FWL
 Sec: 4 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) 07/04/2013 Date TD: 07/09/2013 Date Casing Set or D&A: 07/10/2013
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 9583 TVD** 5621 Plug Back Total Depth MD 9572 TVD** 5621

Elevations GR 4707 KB 4731 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, 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	84	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	1,189	513	0	1,189	VISU
1ST	8+3/4	7	26	0	5,996	490	1,094	5,996	CALC
1ST LINER	6+1/8	4+1/2	11.6	5892	9,573	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	2,218				
PARKMAN	3,234				
SUSSEX	3,876				
SHANNON	4,298				
TEEPEE BUTTES	5,121				
NIOBRARA	5,864				

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: 1/15/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400539809	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400540652	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			
400539760	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539772	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539775	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539780	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539782	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539804	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539805	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539807	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400539808	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400540653	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)