

DRILLING COMPLETION REPORT

Document Number:
400815236

Date Received:

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: EILEEN ROBERTS
 Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

API Number 05-123-40160-00 County: WELD
 Well Name: Crow Creek Well Number: AA01-785
 Location: QtrQtr: NWNW Section: 1 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 290 feet Direction: FNL Distance: 537 feet Direction: FWL
 As Drilled Latitude: 40.522030 As Drilled Longitude: -104.392350

GPS Data:
 Date of Measurement: 11/06/2014 PDOP Reading: 5.3 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 727 feet. Direction: FNL Dist.: 353 feet. Direction: FWL
 Sec: 1 Twp: 6N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 30 feet. Direction: FNL Dist.: 350 feet. Direction: FWL
 Sec: 12 Twp: 6N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 12/30/2014 Date TD: 01/06/2015 Date Casing Set or D&A: 01/07/2015
 Rig Release Date: 01/08/2015 Per Rule 308A.b.

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

Total Depth MD 11564 TVD** 6628 Plug Back Total Depth MD 11554 TVD** 6628

Elevations GR 4797 KB 4821 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma

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 | 42.05 | 24 | 124 | 80 | 0 | 124 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 24 | 678 | 290 | 0 | 678 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 24 | 6,945 | 638 | 455 | 6,945 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6834 | 11,556 | | | | |

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 | 1,139 | | | | |
| PARKMAN | 3,564 | | | | |
| SUSSEX | 4,400 | | | | |
| SHANNON | 4,996 | | | | |
| NIOBRARA | 6,616 | | | | |

Comment:

WAITING ON COMPLETION. THIS WELL WAS DRILLED BUT NOT YET REPORTED AS COMPLETED. THE TOP OF THE PRODUCING ZONE, AS REPORTED, IS TAKEN FROM THE ORIGINAL DRILLING PLAN. AT THE TIME OF COMPLETION, THE EXACT FOOTAGES WILL BE REPORTED. A MIT WILL BE DONE ON THE WELL WITHIN TWO YEARS OF TD IF THE WELL HAS NOT BEEN REPORTED AS COMPLETED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Eileen Roberts

Title: Regulatory Analyst I

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400815277 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400815280 | 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 | | | |
| 400815261 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815267 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815268 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815271 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815275 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815276 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400815286 | 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)