

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:
400591059

Date Received:
04/16/2014

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 05-123-37493-00 County: WELD
 Well Name: Timbro State Well Number: LD16-68-1HN
 Location: QtrQtr: NENE Section: 16 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 682 feet Direction: FNL Distance: 290 feet Direction: FEL
 As Drilled Latitude: 40.756710 As Drilled Longitude: -103.860870

GPS Data:
 Date of Measurement: 10/05/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: DAVID ABEGGLEN

** If directional footage at Top of Prod. Zone Dist.: 999 feet. Direction: FNL Dist.: 862 feet. Direction: FEL
 Sec: 16 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 990 feet. Direction: FNL Dist.: 682 feet. Direction: FWL
 Sec: 16 Twp: 9N Rng: 58W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: 9059.6

Spud Date: (when the 1st bit hit the dirt) 11/17/2013 Date TD: 11/24/2013 Date Casing Set or D&A: 11/25/2013
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 9870 TVD** 5736 Plug Back Total Depth MD 9854 TVD** 5736
 Elevations GR 4724 KB 4748 **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 | 1,256 | 516 | 0 | 1,256 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,071 | 505 | 1,636 | 6,071 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6007 | 9,855 | 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 | 1,223 | | | | |
| PARKMAN | 3,264 | | | | |
| SUSSEX | 3,888 | | | | |
| SHANNON | 4,351 | | | | |
| TEEPEE BUTTES | 4,980 | | | | |
| NIOBRARA | 5,720 | | | | |

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: 4/16/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400591186 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400591188 | 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 | | | |
| 400591059 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591076 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591077 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591079 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591089 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591091 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591133 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591137 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591139 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400591189 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400816202 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|-------------------------|
| Permit | Changed field name to DJ Horiz. Niobrara. 1) CBL corrupted. Contacted operator. Returned to draft. | 3/25/2015 8:50:34 AM |

Total: 1 comment(s)