

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:
400832244

Date Received:

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 05-123-39809-00 County: WELD

Well Name: Gradishar State Well Number: LD11-73-1AHN

Location: QtrQtr: SESE Section: 2 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FSL Distance: 446 feet Direction: FEL

As Drilled Latitude: 40.774180 As Drilled Longitude: -103.823265

GPS Data:
Date of Measurement: 11/17/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 401 feet. Direction: FNL Dist.: 1103 feet. Direction: FEL
Sec: 11 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 330 feet. Direction: FSL Dist.: 1100 feet. Direction: FEL
Sec: 11 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) 12/31/2014 Date TD: 01/07/2015 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 10448 TVD** 5586 Plug Back Total Depth MD 10429 TVD** 5586

Elevations GR 4661 KB 4685 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma. The Designated well for Resistivity on this pad will be, Gradishar State 11-72HN

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	42.5	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	1,221	524	0	1,221	VISU
1ST	8+3/4	7	26	24	5,953	457	1,525	5,953	CBL
1ST LINER	6+1/8	4+1/2	11.6	5845	10,438				

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	2,320				
PARKMAN	3,192				
SUSSEX	3,833				
SHANNON	4,270				
NIOBRARA	5,663				

Comment:

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			
400832406	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400832408	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			
400832390	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832394	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832395	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832400	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832402	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832404	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400832412	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)