

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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| DE | ET | OE | ES |
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Document Number:
400841408

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

| | |
|--|-------------------------------|
| API Number <u>05-123-39686-00</u> | County: <u>WELD</u> |
| Well Name: <u>Elway State</u> | Well Number: <u>LD01-75HN</u> |
| Location: QtrQtr: <u>SWSE</u> Section: <u>1</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>400</u> feet Direction: <u>FSL</u> Distance: <u>2275</u> feet Direction: <u>FEL</u> | |
| As Drilled Latitude: <u>40.774320</u> As Drilled Longitude: <u>-103.810550</u> | |

GPS Data:
Date of Measurement: 09/29/2014 PDOP Reading: 3.9 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1029 feet. Direction: FSL Dist.: 2720 feet. Direction: FEL
Sec: 1 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 810 feet. Direction: FNL Dist.: 2640 feet. Direction: FEL
Sec: 36 Twp: 10N Rng: 58W

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

Spud Date: (when the 1st bit hit the dirt) 10/30/2014 Date TD: 11/06/2014 Date Casing Set or D&A: 11/08/2014
Rig Release Date: 11/09/2014 Per Rule 308A.b.

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

| | |
|---|---|
| Total Depth MD <u>14653</u> TVD** <u>5544</u> | Plug Back Total Depth MD <u>14629</u> TVD** <u>5544</u> |
| Elevations GR <u>4633</u> KB <u>4657</u> | Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/> |

List Electric Logs Run:
CBL/Mud/Gamma. The Designated well for Resistivity on this pad will be, MacCaffrey State LD 12-75HN

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 | 1,209 | 468 | 0 | 1,209 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 24 | 5,840 | 453 | 1,150 | 5,840 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 5733 | 14,638 | | | | |

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 | 2,249 | | | | |
| PARKMAN | 3,134 | | | | |
| SUSSEX | 3,713 | | | | |
| SHANNON | 4,162 | | | | |
| NIOBRARA | 5,555 | | | | |

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 | | | |
| 400842974 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400841467 | 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 | | | |
| 400841441 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841445 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841449 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841451 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841452 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841453 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400841457 | 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)