

Document Number:
400858565

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: 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 05-123-39896-00 County: WELD
 Well Name: Morton State Well Number: LD01-78-1AHN
 Location: QtrQtr: SWSW Section: 1 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 400 feet Direction: FSL Distance: 390 feet Direction: FWL
 As Drilled Latitude: 40.774450 As Drilled Longitude: -103.820250

GPS Data:
 Date of Measurement: 10/21/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 959 feet. Direction: FSL Dist.: 871 feet. Direction: FWL
 Sec: 1 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 812 feet. Direction: FNL Dist.: 887 feet. Direction: FWL
 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) 11/23/2014 Date TD: 12/01/2014 Date Casing Set or D&A: 12/04/2014
 Rig Release Date: 12/04/2014 Per Rule 308A.b.

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

Total Depth MD 14656 TVD** 5567 Plug Back Total Depth MD 14639 TVD** 5567
 Elevations GR 4655 KB 4671 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL/Mud/Gamma No Resistivity log run do to existing offset well.

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	20	16	84	16	116	64	0	116	VISU
SURF	13+1/2	9+5/8	36	16	1,202	443	0	1,202	VISU
1ST	8+3/4	7	26	16	5,870	447	985	5,870	CBL
1ST LINER	6+1/8	4+1/2	11.6	5764	14,641				

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	2,326				
PARKMAN	3,161				
SUSSEX	3,761				
SHANNON	4,198				
NIOBRARA	5,563				

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			
400858657	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400858662	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			
400858638	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858639	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858640	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858641	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858648	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858653	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400858664	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)