

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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Document Number:
400783179

Date Received:
01/29/2015

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 05-123-37631-00 County: WELD
 Well Name: ROHN STATE Well Number: LD10-66HN
 Location: QtrQtr: SENE Section: 9 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 1725 feet Direction: FNL Distance: 330 feet Direction: FEL
 As Drilled Latitude: 40.768429 As Drilled Longitude: -103.861154

GPS Data:
 Date of Measurement: 07/22/2014 PDOP Reading: 4.6 GPS Instrument Operator's Name: Riley Jonsson

** If directional footage at Top of Prod. Zone Dist.: 1947 feet. Direction: FNL Dist.: 1316 feet. Direction: FWL
 Sec: 10 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 660 feet. Direction: FEL
 Sec: 10 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) 10/03/2014 Date TD: 10/08/2014 Date Casing Set or D&A: 10/08/2014
 Rig Release Date: 10/09/2014 Per Rule 308A.b.

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

Total Depth MD 9544 TVD** 5676 Plug Back Total Depth MD 9520 TVD** 5676
 Elevations GR 4729 KB 4759 **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	42.09	0	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	0	1,208	454	0	1,208	VISU
1ST	8+3/4	7	26	0	6,110	450	850	6,110	CBL
1ST LINER	6+1/8	4+1/2	11.6	6015	9,529				

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	2,267				
PARKMAN	3,332				
SUSSEX	4,009				
SHANNON	4,454				
NIOBRARA	5,930				

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: 1/29/2015 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400783248	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400783253	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			
400783179	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783223	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783226	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783232	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783240	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783243	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783245	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783257	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862981	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft for direction data corrections.	7/2/2015 1:22:37 PM

Total: 1 comment(s)