

**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:  
400843789

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 05-123-39766-00 County: WELD

Well Name: Atwater State Well Number: LD01-77HN

Location: QtrQtr: SESW Section: 1 Township: 9N Range: 58W Meridian: 6

Footage at surface: Distance: 400 feet Direction: FSL Distance: 1375 feet Direction: FWL

As Drilled Latitude: 40.774400 As Drilled Longitude: -103.816690

GPS Data:  
Date of Measurement: 10/09/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

\*\* If directional footage at Top of Prod. Zone Dist.: 1050 feet. Direction: FSL Dist.: 1380 feet. Direction: FWL  
Sec: 1 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 810 feet. Direction: FNL Dist.: 1320 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) 11/21/2014 Date TD: 11/30/2014 Date Casing Set or D&A: 12/01/2014

Rig Release Date: 12/02/2014 Per Rule 308A.b.

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

Total Depth MD 14556 TVD\*\* 5477 Plug Back Total Depth MD 14532 TVD\*\* 5477

Elevations GR 4648 KB 4672 **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, Atwater State LD 01-77HN

**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	42.05	24	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	24	1,259	379	0	1,259	VISU
1ST	8+3/4	7	26	24	5,802	418	300	5,802	CBL
1ST LINER	6+1/8	4+1/2	11.6	5697	14,556				

### 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	2,284				
PARKMAN	3,161				
SUSSEX	3,750				
SHANNON	4,184				
NIOBRARA	5,667				

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 ?	
<b>Attachment Checklist</b>			
400883229	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400844039	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"/>
<b>Other Attachments</b>			
400843820	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843821	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843822	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843823	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843824	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843825	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400844102	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883235	PDF-INDUCTION	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)