

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:
400914531

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-40572-00 County: WELD

Well Name: Noco Well Number: LC25-740

Location: QtrQtr: SWSE Section: 25 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 500 feet Direction: FSL Distance: 1620 feet Direction: FEL

As Drilled Latitude: 40.715850 As Drilled Longitude: -103.922270

GPS Data:
Date of Measurement: 05/28/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 989 feet. Direction: FSL Dist.: 1986 feet. Direction: FEL
Sec: 25 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 330 feet. Direction: FNL Dist.: 1980 feet. Direction: FEL
Sec: 25 Twp: 9N Rng: 59W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/13/2015 Date TD: 05/18/2015 Date Casing Set or D&A: 05/18/2015

Rig Release Date: 05/19/2015 Per Rule 308A.b.

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

Total Depth MD 10640 TVD** 5975 Plug Back Total Depth MD 10613 TVD** 5975

Elevations GR 4902 KB 4926 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/Mud/Gamma, The designated resistivity log on this pad is; NOCO LC 25-730, 123-40574

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	42.9	24	104	80	0	104	VISU
SURF	13+1/2	9+5/8	36	24	1,372	605	0	1,372	VISU
1ST	8+3/4	7	26	24	6,421	577	2,186	6,421	CBL
1ST LINER	6+1/8	4+1/2	11.6	6267	10,625				

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	700				
PARKMAN	3,373				
SUSSEX	4,113				
SHANNON	4,914				
NIOBRARA	6,085				

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

Date: _____

Email: eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400919131	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400919133	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			
400919113	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919114	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919121	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919124	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919127	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919128	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919135	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)