

**DRILLING COMPLETION REPORT**

Document Number:  
400773336

Date Received:

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 05-123-38152-00 County: WELD  
 Well Name: Storis Well Number: E24-75HN  
 Location: QtrQtr: NENE Section: 24 Township: 6N Range: 65W Meridian: 6  
 Footage at surface: Distance: 330 feet Direction: FNL Distance: 1302 feet Direction: FEL  
 As Drilled Latitude: 40.477813 As Drilled Longitude: -104.606551

GPS Data:  
 Date of Measurement: 03/22/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 983 feet. Direction: FNL Dist.: 2645 feet. Direction: FEL  
 Sec: 24 Twp: 6N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 225 feet. Direction: FSL Dist.: 2653 feet. Direction: FEL  
 Sec: 24 Twp: 6N Rng: 65W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 04/10/2014 Date TD: 04/16/2014 Date Casing Set or D&A: 04/18/2014  
 Rig Release Date: 04/18/2014 Per Rule 308A.b.

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

Total Depth MD 11585 TVD\*\* 6869 Plug Back Total Depth MD 11585 TVD\*\* 6869  
 Elevations GR 4685 KB 4709 **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	16	26	42.09	0	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	791	353	0	791	VISU
1ST	8+3/4	7	26	0	7,412	256	500	7,412	CBL
1ST LINER	6+1/8	4+1/2	11.60	7260	11,570				

### 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	962				
PARKMAN	3,624				
SUSSEX	4,165				
SHANNON	4,871				
NIOBRARA	6,912				

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>			
400774230	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400774232	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>			
400773441	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774210	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774214	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774236	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401013151	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401013152	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401013153	LAS-GAMMA RAY	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)