

FORM
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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



Document Number:

400798277

Date Received:

02/24/2016

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-37622-00 County: WELD
Well Name: ROHN STATE Well Number: LD10-64-1HN
Location: QtrQtr: NESE Section: 9 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 2050 feet Direction: FSL Distance: 330 feet Direction: FEL
As Drilled Latitude: 40.764218 As Drilled Longitude: -103.861091

GPS Data:
Date of Measurement: 08/25/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 1682 feet Direction: FSL Dist.: 686 feet Direction: FWL
Sec: 10 Twp: 9N Rng: 58W

** If directional footage at Bottom Hole Dist.: 1796 feet Direction: FSL Dist.: 659 feet Direction: FEL
Sec: 10 Twp: 9N Rng: 58W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/08/2014 Date TD: 10/17/2014 Date Casing Set or D&A: 10/18/2014
Rig Release Date: 10/18/2014 Per Rule 308A.b.

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

Total Depth MD 10213 TVD** 5660 Plug Back Total Depth MD 10213 TVD** 5660

Elevations GR 4716 KB 4732 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	116	48	0	116	VISU
SURF	13+1/2	9+5/8	36	0	1,226	503	0	1,226	VISU
1ST	8+3/4	7	26	0	6,110	471	550	6,110	CBL
1ST LINER	6+1/8	4+1/2	11.6	5962	10,198				

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	1,993				
PARKMAN	3,065				
SUSSEX	3,730				
SHANNON	4,139				
NIOBRARA	5,548				

Operator Comments

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: 2/24/2016 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400798406	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400993355	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"/>
<u>Other Attachments</u>			
400798277	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798398	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798400	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798409	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400993354	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400995021	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400995022	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400995023	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator has made necessary corrections.	2/26/2016 9:00:55 AM
Permit	1) Spud date incorrect. 2) GR .las is incomplete. 3) CBL corrupted. Contacted operator. Returned to draft.	2/18/2016 4:01:00 PM

Total: 2 comment(s)