

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



DE ET OE ES

Document Number:
400783820

Date Received:

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 05-123-37627-00 County: WELD
Well Name: ROHN STATE Well Number: LD10-68HN
Location: QtrQtr: NENE Section: 9 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 898 feet Direction: FNL Distance: 330 feet Direction: FEL
As Drilled Latitude: 40.770691 As Drilled Longitude: -103.861168

GPS Data:
Date of Measurement: 10/03/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 621 feet. Direction: FNL Dist.: 1336 feet. Direction: FWL
Sec: 10 Twp: 9N Rng: 58W
** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FNL Dist.: 659 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) 10/10/2014 Date TD: 10/15/2014 Date Casing Set or D&A: 10/17/2014
Rig Release Date: 10/17/2014 Per Rule 308A.b.

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

Total Depth MD 9667 TVD** 5783 Plug Back Total Depth MD 9667 TVD** 5783

Elevations GR 4739 KB 4755 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	115	66	0	115	VISU
SURF	13+1/2	9+5/8	36	0	1,200	520	0	1,200	VISU
1ST	8+3/4	7	26	0	6,262	480	1,225	6,262	CBL
1ST LINER	6+1/8	4+1/2	11.6	6112	9,652				

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	2,226				
PARKMAN	3,308				
SUSSEX	4,021				
SHANNON	4,435				
NIOBRARA	5,804				

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 ?	
Attachment Checklist			
400783867	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400993340	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			
400783849	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783851	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783852	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783853	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783857	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783859	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783870	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)