

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



Document Number:

400783179

Date Received:

01/29/2015

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 05-123-37631-00 County: WELD  
Well Name: ROHN STATE Well Number: LD10-66HN  
Location: QtrQtr: SENE Section: 9 Township: 9N Range: 58W Meridian: 6  
Footage at surface: Distance: 1725 feet Direction: FNL Distance: 330 feet Direction: FEL  
As Drilled Latitude: 40.768429 As Drilled Longitude: -103.861154

GPS Data:  
Date of Measurement: 07/22/2014 PDOP Reading: 4.6 GPS Instrument Operator's Name: Riley Jonsson

\*\* If directional footage at Top of Prod. Zone Dist.: 1947 feet Direction: FNL Dist.: 1316 feet Direction: FWL  
Sec: 10 Twp: 9N Rng: 58W

\*\* If directional footage at Bottom Hole Dist.: 1976 feet Direction: FNL Dist.: 662 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) 10/03/2014 Date TD: 10/08/2014 Date Casing Set or D&A: 10/08/2014  
Rig Release Date: 10/09/2014 Per Rule 308A.b.

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

Total Depth MD 9544 TVD\*\* 5676 Plug Back Total Depth MD 9520 TVD\*\* 5676

Elevations GR 4729 KB 4759 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	0	130	80	0	130	VISU
SURF	13+1/2	9+5/8	36	0	1,208	454	0	1,208	VISU
1ST	8+3/4	7	26	0	6,110	450	853	6,110	CBL
1ST LINER	6+1/8	4+1/2	11.6	6015	9,529				

**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	2,267				
PARKMAN	3,332				
SUSSEX	4,009				
SHANNON	4,454				
NIOBRARA	5,930				

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: 1/29/2015 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400783248	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400783253	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>			
400783179	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783223	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783226	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783232	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783240	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783243	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400783245	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400862981	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)