

DRILLING COMPLETION REPORT

Document Number:
400744229

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 05-123-37624-00 County: WELD
 Well Name: ROHN STATE Well Number: LD10-62HN
 Location: QtrQtr: SESE Section: 9 Township: 9N Range: 58W Meridian: 6
 Footage at surface: Distance: 810 feet Direction: FSL Distance: 330 feet Direction: FEL
 As Drilled Latitude: 40.760808 As Drilled Longitude: -103.861083

GPS Data:
 Date of Measurement: 08/08/2014 PDOP Reading: 3.7 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 770 feet. Direction: FSL Dist.: 345 feet. Direction: FWL
 Sec: 10 Twp: 9N Rng: 58W
 ** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 663 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) 10/22/2014 Date TD: 10/26/2014 Date Casing Set or D&A: 10/26/2014
 Rig Release Date: 10/27/2014 Per Rule 308A.b.

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

Total Depth MD 10130 TVD** 5607 Plug Back Total Depth MD 10130 TVD** 5607
 Elevations GR 4719 KB 4743 **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	124	80	0	124	VISU
SURF	13+1/2	9+5/8	36	0	1,203	487	0	1,203	VISU
1ST	8+3/4	7	26	0	5,985	434	1,500	5,985	CBL
1ST LINER	6+1/8	4+1/2	11.60	5842	10,120				

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	2,194				
PARKMAN	3,216				
SUSSEX	3,848				
SHANNON	4,297				
NIOBRARA	5,839				

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 Specialist

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400745081	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400745082	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			
400745083	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745106	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745108	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745110	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745111	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745112	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745113	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>

Total: 0 comment(s)