

Amended

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33190
Name: Noble Energy Inc
Address 1: 1625 Broadway, Ste 2200
Address 2:
City: Denver State: CO Zip: 80202 +
Contact Person: Cheryl Johnson
Phone: (303) 228-4437
CONTRACTOR: License # 8273
Name: Excell Services, LLC
Wellsite Geologist: NA
Purchaser:

API No. 15 - 181-20524-00-00
Spot Description:
SE NW Sec. 6 Twp. 6 S. R. 39 East West
1,980 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sherman
Lease Name: Lockard Well #: 22-6
Field Name: Prairie Star
Producing Formation: Niobrara

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.):

Elevation: Ground: 3603 Kelly Bushing: 3609
Total Depth: 1524 Plug Back Total Depth: 1473
Amount of Surface Pipe Set and Cemented at: 388 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from:
feet depth to: w/ sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:
Original Comp. Date: Original Total Depth:
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: Plug Back Total Depth
 Commingled Permit #:
 Dual Completion Permit #:
 SWD Permit #:
 ENHR Permit #:
 GSW Permit #:
5/21/2008 5/22/2008 8/4/2008
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: evaporate
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. East West
County: Permit #:

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Cheryl Johnson
Title: Regulatory Analyst II Date: 2-1-2012

KCC Office Use ONLY

Letter of Confidentiality Received
Date:
 Confidential Release Date:
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DG Date: 2/7/12

Operator Name: Noble Energy Inc Lease Name: Lockard Well #: 22-6
 Sec. 6 Twp. 6 S. R. 39 East West County: Sherman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Triple Combo and CBL/CCL/GR were submitted with original ACO-1 9/10/2008	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Niobrara</td> <td>1346</td> <td></td> </tr> </table>	Name	Top	Datum	Niobrara	1346	
Name	Top	Datum					
Niobrara	1346						

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Previously							
submitted							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Previously submitted	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 06 2012 KCC WICHITA </div>	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 6/1/2011	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____										
Estimated Production Per 24 Hours	<table style="width:100%; border: none;"> <tr> <td style="width:15%;">Oil Bbbs.</td> <td style="width:15%;">Gas Mcf</td> <td style="width:15%;">Water Bbbs.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">67</td> <td style="text-align: center;">0</td> <td></td> <td></td> </tr> </table>	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity	0	67	0		
Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity							
0	67	0									

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1346-1374</u>
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88 INVERNESS CIRCLE E. G-101
 ENGLEWOOD, CO 80112
 PH (303) 757-7789 FAX (303) 757-7610

Date: 04-Aug-08

Well Name:	Location:	Customer Rep:	Field Order #
LOCKARD #22-6	SEC. 6 - T55 - R40W	TOM T.	1063B
Stage:	Formation:	Treat Via:	Allowable Pressure Tbg Csg Well Type:
	NIOBRARA (SH)	CASING	2,500 GAS
County:	State:	Well Age:	PackerType: PackerDepth: Csg Size:
SHERMAN	KS	NEW	
Type Of Service:	COMMINGLED CO2 FRAC	Csg Depth:	Tbg Size: Tbg Depth: Liner Size:
Customer Name:	NOBLE ENERGY INC	Liner Depth:	Liner Top: Liner Bot: Total Depth:
Address:	DAVID LEDET 505B EAST 8TH AVENUE YUMA CO 80759	Open Hole:	Csg Vol: BHT:
Remarks:	70,020 # 16/30 DANIELS LEFT 26,000 IN PROPPACK #4629 BIN #2/ 4,000 IN HOPPER 20 TON CO2 BREAKDOWN = 671 PSI ISIP = 3183 PSI 5 MIN = 780 PSI 10 MIN = 748 PSI	Perf Depths:	Perfs: TotalPerfs:
		1346	1376 90 90

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	FOAM/FLOD (gls)	FLUID (bbbls)
	FLUID	N2/CO2	STP	ANNULUS				
10:22	0.0	0.0	263		PRIME UP PRESS TEST TO 2500 PSI	0	0	0.0
10:22	0.0	0.0	264		ST ACID	0	500	12.0
10:26	6.5	4.0	356		ST PAD	0	12,000	100.0
10:26	15.2	4.2	645		BREAKDOWN @ 671 PSI	0	0	0.0
10:32	15.4	4.2	708		ST 2# 16/30	10,000	5,000	42.0
10:34	16.9	3.9	771		ST 3# 16/30	31,000	10,333	86.0
10:40	18.6	3.6	783		ST 3.5# 16/30	25,000	7,143	60.0
10:44	19.0	3.6	818		ST 4# 16/30	4,020	1,005	8.0
10:47	14.6	4.6	1476		ST FLUSH	0	816	7.0
10:47	2.6	0.0	2748		CUT FLUID - ISIP = 3000 PSI	0	0	0.0
10:53	0.0	0.0	780		5 MIN = 780 PSI	0	0	0.0
10:58	0.0	0.0	748		10 MIN = 748 PSI	0	0	0.0
Total:						70,020	36,797	315.0

Summary

Max Fl. Rate	Avg Fl. Rate	Max Psi	Avg Psi
18.0	13.6	3,183	826

RECEIVED
 FEB 06 2012
 KCC WICHITA

Customer Acknowledgement:	Service Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Treater: CLEAT YOUNG	PRODUCTS USED CL-57, MAV-100, BREAKER 503-L, WF-3, MAVCIDE-II, MAVCELL F, MAVHIB-3, 7.5% HCL,
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