



KANSAS CORPORATION COMMISSION 1073528
OIL & GAS CONSERVATION DIVISION

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: _____

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.): _____

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 #: _____

<u>8/10/2011</u>	<u>8/11/2011</u>	<u>8/11/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-023-21303-00-00
Spot Description: _____
W2_E2_SE_SE Sec. 14 Twp. 5 S. R. 40 East West
660 Feet from North / South Line of Section
450 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cheyenne
Lease Name: Rogers Well #: 44-14B
Field Name: _____
Producing Formation: Niobrara
Elevation: Ground: 3640 Kelly Bushing: 3646
Total Depth: 1633 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 412 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Gantner Date: 02/07/2012



1073528

Operator Name: Noble Energy, Inc. Lease Name: Rogers Well #: 44-14B
 Sec. 14 Twp. 5 S. R. 40 East West County: Cheyenne

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	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <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>1426</td> <td></td> </tr> </table>	Name	Top	Datum	Niobrara	1426	
Name	Top	Datum					
Niobrara	1426						

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
Surface	9.875	6	17	412	50/50 POZ	183	3% CaCl 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	Not perf'd		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input checked="" type="checkbox"/> Other (Specify) <u>Well was drilled & abandoned</u>	PRODUCTION INTERVAL: _____ _____
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BISON OIL WELL CEMENTING, INC.



1736 W. 10th St. Ste. 100
 Denver, Colorado 80202
 Phone 303-296-8200
 Fax 303-296-8145
 E-mail: bisonoil@questnet.com

REF. INVOICE # 10099
 LOCATION: St Francis
 FURNISH:

TREATMENT REPORT

DATE: <u>8-10-11</u>	WELL NAME: <u>Recess 44-14B</u>	SECTION: <u>10</u>	TRAIL: <u>55</u>	NO. <u>40W</u>	COUNTY:	STATE:
LINED BY: <u>Excel</u>			WORKER: <u>Nobel</u>			
AGE OF ADVENT:			OPERATOR: <u>Excel rig #2</u>			
CONTRACTOR:			CONTRACTOR:			
STATE OF ORE:			DISTANCE TO LOCATION: <u>87 mile</u>			
TIME ARRIVED ON LOCATION: <u>7:30 pm</u>			REQ: <u>3:30 pm</u>		TIME LEFT LOCATION: <u>5 pm</u>	

WELL DATA			PRESSURE LIMITATIONS		
WELL SIZE: <u>9 7/8</u>	TUBING SIZE:	PERFORATIONS:	THEORETICAL:		INSTRUCTED:
INITIAL DEPTH: <u>417'</u>	TUBING DEPTH:	SHOTS/FT:	SURFACE PIPE ALLOWED (DWC):		
	TUBING WEIGHT:	UPPER NUBLE:	STUBS:		
CASING SIZE: <u>7"</u>	TUBING CONNECTION:	TREATMENT VIA:	TUBING:		
TUBING DEPTH: <u>411'</u>			TYPE OF TREATMENT:		TREATMENT RATE:
CASING WEIGHT: <u>17 lbs</u>	PROCES DEPTH:		<input checked="" type="checkbox"/> SURFACE PIPE		WEARDOWN: BPS:
CASING CONNECTION: <u>gal/gal</u>			<input type="checkbox"/> PRODUCTION CASING		INITIAL BPS:
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT		FINAL BPS:
INDICATIONS OF CIRCULATING: <u>OK</u>	AVERAGE: <u>OK</u>		<input type="checkbox"/> ACID BREAKDOWN		INITIAL BPS:
FINAL DISPLACEMENT: <u>OK</u>	ESP: <u>OK</u>		<input type="checkbox"/> ACID STIMULATION		MAXIMUM BPS:
ANNULAR: <u>OK</u>	5 GPM: <u>OK</u>		<input type="checkbox"/> FACED SPOTTING		AVERAGE BPS:
MAJOR: <u>OK</u>	15 GPM: <u>OK</u>		<input type="checkbox"/> LINES PUMP		
MINOR: <u>OK</u>			<input type="checkbox"/> OTHER:		HYDROP. RATE X PRESSURE X GLL

INSTRUCTIONS PRIOR TO JOB: MTRV Safety Circ. M&P 1835Ks of B3-lite 15.7 lb/gal, 1.07 yd
4.2 gal/ft³ mix water 183 bbls drop plug displace 18.3 bbls shut in clean up
more off location
80% excess

JOB SUMMARY

DESCRIPTION OF JOB EVENTS:

<u>MTRV Safety Circ</u>	<u>M&P</u>	<u>Drop plug</u>	<u>Displace</u>
<u>3pm</u>	<u>3:40pm</u>	<u>3:43pm</u>	<u>3:48pm</u>
			<u>4:01pm</u>
			<u>4:02pm</u>

70psi 10 4:04 pm
200psi 153 4:07 pm

Shut in at 4:07 pm @ 200psi
3 bbls to the pit

[Signature] AUTHORIZATION TO PROCEED [Signature] TITLE 8/10/11 DATE

Customer hereby acknowledges and specifically agrees to the terms and conditions of this work order, including, without limitation, the provisions on the reverse side thereof which include the release and indemnity.

BISON OIL WELL CEMENTING, INC.



1736 Wynkoop St. Ste 102
 Denver, Colorado 80202
 Phone 303-298-3114
 Fax 303-298-0147
 E-Mail: bisonoil@bisonoil.com

REF INVOICE # 10045
 LOCATION St. Francis
 FOREMAN Family Newton

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWT	WIC	CURT	FORMATION
6-11-11	Roger's 44-14B	14	55	46W	Chapman	
CHANGE TO	Noble					
OPERATOR	Noble					
CONTRACT	Excel rig 2					
DISTANCE TO LOCATION	87					
TIME ARRIVED ON LOCATION	12:30pm (6/11/11)					
TIME LEFT LOCATION	4:15pm					

WELL DATA				PRESSURE LIMITATIONS	
WELL DATE	TUBING SIZE	PERFORATIONS	SURFACE PIPE ANNUAL LENGTH	THEORETICAL	RESTRICTED
6/11/11	4 1/2"				
TOTAL DEPTH	TUBING DEPTH	SHOOTS	STRAIGHT		
1633'	1352'				
DEPT. TO CASING	OPEN HOLE	TUBING			
312'	13.5'				
CASING SET	TUBING CEMENT	TREATMENT W/	TYPE OF TREATMENT		
			TREATMENT RATE		
CASING DEPTH	PROVEN DEPTH		1 SURFACE PIPE	BREAKDOWN BPW	
			1 PRODUCER CASING	BATH BPW	
CASING WEIGHT			1 SQUEEZE CEMENT	FINAL BPW	
			1 ACID BREAKDOWN	UNFILLED BPW	
CASING CONNECTION			1 ACID STIMULATION	MAXIMUM BPW	
			1 ACID SPOTTING	AVERAGE BPW	
			1 MISC PUMP		
			OTHER: P&A 1584	MTP BPW - RATE X PRESSURE X AREA	

PRESSURE SUMMARY					
BREAKDOWN OF CIRCULATING	PS	AVERAGE	PS		
FINAL DISPLACEMENT	PS	ISIP	PS		
AVAILABLE	PS	5 MIN. SEP	PS		
MAXIMUM	PS	15 MIN. SEP	PS		
MEMBER	PS				

INSTRUCTIONS PRIOR TO JOB: MTRU 5m lift 1st plug @ 1584' MTP tests ok B/Lix @ 13.8 lb/gal water req. 6.78 gal/sk 4.12 cu ft 1.33 cu ft/sk Displace w/ 11.5 bbls shut down 2nd plug @ 465' m4 50 sk B/Lix 7.56 lb/gal water Displace w/ 3 bbls shut down 3rd plug @ 60' m4 10 sk B/Lix 1.56 lb/gal water Displace w/ 5 bbls shut down Rig down

JOB SUMMARY					
DESCRIPTION OF JOB EVENTS: MTRU 5m lift MTP D:3 plug shut down					
12:30pm	2:00pm	2:13pm	2:15pm	2:22pm	2:27pm
		2:15pm	2:18pm	2:22pm	2:27pm
		3:40pm	3:47pm	3:54pm	3:59pm
				3:53:50	
				3:50:17	

1st plug 1584' - 12.69'
 2nd plug 465' - 15.3'
 3rd plug 60' to surface

[Signature]
 AUTHORITY TO PROCEED _____ TITLE _____ DATE _____

Customer hereby acknowledges and specifically agrees to the terms and conditions of this work order, including, without limitation, the provisions of the reverse side. Local laws which include the release and indemnity.

KB 6 Ft

Casing: 7 Inch

Well Name: Rogers 44-14B Location: Sec 14, 5S, 40W, Cheyenne Co.

Joint No.	Joint Length, Ft	Total Footage, Ft	Depth KB, Ft (base of jt)	Depth KB, Ft (top of jt)	WV Grade	Description
	0.00	0.00			17	
1	37.03	37.03	-411.88	-374.95		Centralizer & Baffle Plate
2	44.21	81.24	-374.95	-330.74		
3	44.23	125.47	-330.74	-286.51		
4	44.18	169.65	-286.51	-242.33		
5	44.20	213.85	-242.33	-198.13		
6	44.21	258.06	-198.13	-153.92		
7	37.78	295.84	-153.92	-116.14		
8	37.28	333.12	-116.14	-78.86		
9	38.70	371.82	-78.86	-40.16		
10	34.16	405.98	-40.16	-6.00		
11						
12						
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30						
31						
TOTAL	405.98					

Jts Ran 10
 Meas. 405.98
 Set @ 411.98
 Aprox TD @ 417
 PBD @ 374.95
 Threads On 407.96

KB-GL: 8 FT

Casing: P&A

Well Name: Rogers 44-14B Location: Sec 14, 5S, 40W, Cheyenne Co. KS

Joint No.	Joint Length, Ft	Total Footage, Ft	Depth KB, Ft (base of j)	Depth KB, Ft (top of j)	WT Grade	Description
1						
2						
3					50 SX	FROM 158' TO 126'
4					50 SX	FROM 465' TO 153'
5					10 SX	FROM 60' TO SURFACE
6						
7						
8						
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83						
84						
85						
TOTAL		0.00				

JTs Ran 0
Moes w/shoe 0.00
Set @ 6.00
PSTD @ 6.00