

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 # 33532
Name: Advanced Drilling Technologies LLC
Wellsite Geologist: None
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>2/03/2011</u>	<u>2/04/2011</u>	<u>4/21/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-023-21282-00-00
Spot Description: _____
NE NW NW SW Sec. 33 Twp. 5 S. R. 39 East West
2400 Feet from North / South Line of Section
600 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Cheyenne
Lease Name: Nipps Well #: 13-33
Field Name: _____

Producing Formation: Niobrara
Elevation: Ground: 3594 Kelly Bushing: 3600
Total Depth: 1569 Plug Back Total Depth: 1494
Amount of Surface Pipe Set and Cemented at: 417 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: Doranne Gombor Date: 03/05/2012

Operator Name: Noble Energy, Inc. Lease Name: Nipps Well #: 13-33
 Sec. 33 Twp. 5 S. R. 39 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Niobrara	1330	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Triple Combo CBL/CCL/GR				

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	9.8750	7	17	416.8	50/50 POZ	285	3% CaCl 2% gel
Production	6.25	4.5	11.6	1538.2	50/50 POZ	95	12%gel 2% CaCl

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 (Amount and Kind of Material Used)	Depth
3	Perf intervals 1330-1361	Frac'd with 500 gals 7.5% HCl acid; 114 bbls Mav-100	
	(31' 93 holes) .410 EH 120 Deg	gelled water pad; 256 bbls Mav-100 gelled water w/	
		100,400 Daniels Sand 16/30 & 12/20; 8.30 bbls Mav-100	
		gelled water flush.	

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. 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	Oil Bbls. 0	Gas Mcf 74	Water Bbls. 0	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 1330-1361
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Summary of Changes

Lease Name and Number: Nipps 13-33

API/Permit #: 15-023-21282-00-00

Doc ID: 1075453

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	06/07/2011	03/05/2012
Date of First or Resumed Production or SWD or Enhr		6/1/2011
Disposition Of Gas - Sold	No	Yes
Elogs_PDF	Triple Combo	Triple Combo CBL/CCL/GR
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t
Producing Method Flowing	No	Yes
Production - Barrels Oil		0
Production - Barrels of Water		0
Production - MCF Gas		74
Production Interval #1		1330-1361

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 57009	../kcc/detail/operatorE ditDetail.cfm?docID=10 75453