

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400230122

DRILLING COMPLETION REPORT

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

1. OGCC Operator Number: 100322

4. Contact Name: Justin Garrett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31910-00

6. County: WELD

7. Well Name: GUTTERSEN D

Well Number: 03-33D

8. Location: QtrQtr: SESE Section: 4 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 710 feet Direction: FSL Distance: 675 feet Direction: FEL

As Drilled Latitude: 40.249232 As Drilled Longitude: -104.549058

GPS Data:

Data of Measurement: 12/08/2011 PDOP Reading: 4.2 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1424 feet. Direction: FSL Dist.: 197 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1424 feet. Direction: FSL Dist.: 197 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/02/2011 13. Date TD: 06/05/2011 14. Date Casing Set or D&A: 06/05/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7155 TVD** 7063 17 Plug Back Total Depth MD 7100 TVD** 7009

18. Elevations GR 4716 KB 4729

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, Triple Combo

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 534 | 222 | 0 | 534 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,145 | 570 | 1,856 | 7,145 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |
| Details of work: | | | | | |

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES | | | | | |
|--|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
| | Top | Bottom | DST | Cored | |
| PIERRE | 2,760 | 2,970 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,638 | 3,945 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,252 | 4,495 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,903 | 5,090 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,710 | 6,977 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,976 | 7,000 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,000 | 7,153 | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,086 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

| User Group | Comment | Comment Date |
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Total: 0 comment(s)