

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400351789

Date Received:

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34505-00

6. County: WELD

7. Well Name: GUTTERSEN C

Well Number: 33-33D

8. Location: QtrQtr: NWSW Section: 33 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 2483 feet Direction: FSL Distance: 260 feet Direction: FWL

As Drilled Latitude: 40.268560 As Drilled Longitude: -104.564460

GPS Data:

Data of Measurement: 11/14/2011 PDOP Reading: 4.8 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1321 feet. Direction: FSL Dist.: 91 feet. Direction: FEL

Sec: 32 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1318 feet. Direction: FSL Dist.: 90 feet. Direction: FEL

Sec: 32 Twp: 4N 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) 10/23/2011 13. Date TD: 10/28/2011 14. Date Casing Set or D&A: 10/29/2011

15. Well Classification:

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

16. Total Depth MD 7305 TVD** 7126 17 Plug Back Total Depth MD 7251 TVD** 7072

18. Elevations GR 4747 KB 4763

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	16	671	221	16	671	
1ST	7+7/8	4+1/2	11.6	1906	7,295	580	1,906	7,295	

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:					

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	2,817		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,771		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,487		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,065		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,911		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,121		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: JEAN MUSE-REYNOLDS
Title: Regulatory Compliance	Date: _____ Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400354551	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400354292	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"/>
<u>Other Attachments</u>		
400354288	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400354289	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400356687	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400358001	LAS-CEMENT BOND	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)