

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:

400331730

Date Received:

10/02/2012

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 05-123-33987-00

6. County: WELD

7. Well Name: GUTTERSEN D

Well Number: 04-31D

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

Footage at surface: Distance: 290 feet Direction: FNL Distance: 290 feet Direction: FWL

As Drilled Latitude: 40.261010 As Drilled Longitude: -104.564340

GPS Data:

Date of Measurement: 06/12/2012 PDOP Reading: 6.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1350 feet. Direction: FNL Dist.: 74 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1335 feet. Direction: FNL Dist.: 62 feet. Direction: FEL

Sec: 5 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) 05/16/2012 13. Date TD: 05/21/2012 14. Date Casing Set or D&A: 05/22/2012

15. Well Classification:

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

16. Total Depth MD 7293 TVD** 7124 17 Plug Back Total Depth MD 7238 TVD** 7069

18. Elevations GR 4747 KB 4760

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:

Caliper/Comp. Density/Neutron/GR/SP/ML
DIL/GR/SP/Caliper
CBL/CCL/GR

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	13	740	371	13	740	CALC
1ST	7+7/8	4+1/2	11.6	940	7,293	625	1,850	7,293	CBL

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	460		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,009		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,845		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,110		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

NO LAS OF DIRECTIONAL SURVEY RUN.

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: 10/2/2012

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400332371	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2113916	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>					
400331730	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332367	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332368	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400332370	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Added Codell top per operator and attached top and side views of Directional survey.	1/10/2013 1:35:42 PM
Permit	On hold. Missing Codell top. No top/side view on Directional Survey. Corrected Top of Producing Zone and BHL to section 5. Notified operator.	11/13/2012 3:33:16 PM

Total: 2 comment(s)