

FORM  
5  
Rev  
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:  
400389204

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: EILEEN ROBERTS  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34094-00 6. County: WELD  
7. Well Name: GUTTERSEN D Well Number: 04-69HN  
8. Location: QtrQtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6  
Footage at surface: Distance: 245 feet Direction: FNL Distance: 290 feet Direction: FWL  
As Drilled Latitude: 40.261070 As Drilled Longitude: -104.564340

GPS Data:  
Date of Measurement: 06/12/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 91 feet. Direction: FSL Dist.: 1004 feet. Direction: FWL  
Sec: 33 Twp: 4N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 77 feet. Direction: FSL Dist.: 535 feet. Direction: FEL  
Sec: 33 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) 05/27/2012 13. Date TD: 06/05/2012 14. Date Casing Set or D&A: 06/05/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10917 TVD\*\* 6744 17 Plug Back Total Depth MD 10899 TVD\*\* 6726

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:  
CBL/GRL/CCL/VDL.

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
CONDUCTOR	18+1/2	16+0/0	84.00	13	124	80	0	124	
SURF	13+3/4	9+5/8	36.00	13	751	407	0	761	
1ST	8+3/4	7+0/0	26.00	13	7,132	479	1,800	7,142	
1ST LINER	6+1/8	4+1/2	11.60	7026	10,902	0	0	10,902	

**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	2,344		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,688		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,181		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,986		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,811		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400389684	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400389685	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"/>
<b><u>Other Attachments</u></b>			
400389665	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400389701	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)