

**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



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Document Number:  
400420874

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 05-123-30074-00 6. County: WELD  
 7. Well Name: GUTTERSEN D Well Number: 03-27  
 8. Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 64W Meridian: 6  
 Footage at surface: Distance: 150 feet Direction: FSL Distance: 1320 feet Direction: FEL  
 As Drilled Latitude: 40.262170 As Drilled Longitude: -104.532410

GPS Data:

Date of Measurement: 06/19/2009 PDOP Reading: 3.3 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 05/08/2009 13. Date TD: 05/11/2009 14. Date Casing Set or D&A: 05/09/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7018 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6978 TVD\*\* \_\_\_\_\_

18. Elevations GR 4696 KB 4711

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	26	15	686	370	0	686	VISU
1ST	7+7/8	4+1/2	11.6	15	6,997	810	300	6,997	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,718	50	1,569	1,843

Details of work:

2/6/2013 - REMEDIAL PRODUCTION CASING CEMENT SQUEEZE. PERFORATED @1718' WITH TWO .34" CEMENT SQUEEZE HOLES AND INJECTED 50bbls OF CEMENT (1569'-1842').

CBL's were run from 15'-2344' on 2/11/2013 and from 15'-6960' on 2/13/2013.

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	939		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,640		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,171		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,781		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,650		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,834		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,859		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Form 5 submitted with hard copy logs 9/10/2009. Amended Form 5 is being submitted with the most current information available.

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 ?	
<b>Attachment Checklist</b>			
400421513	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>Other Attachments</b>			
400421482	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421485	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421487	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421488	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)