

**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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| DE | ET | OE | ES |
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Document Number:  
400476070

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: Kathleen Mills  
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-35039-00 6. County: WELD  
 7. Well Name: GUTTERSEN Well Number: D11-29D  
 8. Location: QtrQtr: NESW Section: 2 Township: 3N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1634 feet Direction: FSL Distance: 1369 feet Direction: FWL  
 As Drilled Latitude: 40.251650 As Drilled Longitude: -104.522880

GPS Data:  
 Date of Measurement: 06/01/2012 PDOP Reading: 3.7 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 75 feet. Direction: FSL Dist.: 1330 feet. Direction: FWL

Sec: 2 Twp: 3N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 75 feet. Direction: FSL Dist.: 1337 feet. Direction: FWL

Sec: 2 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) 05/27/2012 13. Date TD: 05/30/2012 14. Date Casing Set or D&A: 05/31/2012

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

16. Total Depth MD 7271 TVD\*\* 7000 17 Plug Back Total Depth MD 7217 TVD\*\* 6946

18. Elevations GR 4700 KB 4714 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             | 786           | 314       | 0       | 786     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,261         | 580       | 2,026   | 7,261   | CALC   |

**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                    |   |
| PARKMAN                                | 3,743          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX                                 | 4,418          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                | 5,074          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES                          | 6,113          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 6,825          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 7,083          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,148          |        | <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: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ?                              |  |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> |                        |   |  |
| 400476103                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400476104                   | 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>    |                        |   |  |
| 400476095                   | PDF-CEMENT BOND        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400476098                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400476101                   | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400476105                   | DIRECTIONAL DATA       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)