

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:

400380976

Date Received:

03/18/2013

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 05-123-35205-00

6. County: WELD

7. Well Name: GUTTERSEN USX D

Well Number: 21-21D

8. Location: QtrQtr: NESW Section: 21 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1341 feet Direction: FSL Distance: 1719 feet Direction: FWL

As Drilled Latitude: 40.207400 As Drilled Longitude: -104.559560

GPS Data:

Data of Measurement: 08/03/2012 PDOP Reading: 3.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 2495 feet. Direction: FSL Dist.: 2509 feet. Direction: FWL

Sec: 21 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2497 feet. Direction: FSL Dist.: 2511 feet. Direction: FWL

Sec: 21 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) 07/12/2012 13. Date TD: 07/17/2012 14. Date Casing Set or D&A: 07/13/2012

15. Well Classification:

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

16. Total Depth MD 7835 TVD** 7620 17 Plug Back Total Depth MD 7704 TVD** 7483

18. Elevations GR 4820 KB 4834

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
induction

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	790	336	0	790	
1ST	7+7/8	4+1/2	11.6	0	7,830	680	970	7,830	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	2,893		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,867		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,484		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,155		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,924		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,189		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,214		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,679		<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: 3/18/2013

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400384293	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400384308	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>					
400380976	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384309	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384314	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group** **Comment****Comment Date**

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Total: 0 comment(s)