

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:

400404229

Date Received:

04/15/2013

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: <u>100322</u>	4. Contact Name: <u>Kathleen Mills</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34534-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUTTERSEN D</u>	Well Number: <u>23-69HN</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>15</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>500</u> feet Direction: <u>FSL</u> Distance: <u>500</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.219530</u> As Drilled Longitude: <u>-104.529670</u>	

GPS Data:

Date of Measurement: 08/21/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 77 feet. Direction: FNL Dist.: 683 feet. Direction: FWL

Sec: 23 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 87 feet. Direction: FNL Dist.: 429 feet. Direction: FEL

Sec: 23 Twp: 3N Rng: 64W

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>06/10/2012</u>	13. Date TD: <u>06/20/2012</u>	14. Date Casing Set or D&A: <u>06/21/2012</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>11450</u> TVD** <u>6810</u>	17 Plug Back Total Depth MD <u>11434</u> TVD** <u>6794</u>
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18. Elevations GR <u>4817</u> KB <u>4830</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

CBL/GR/CCL, PCD/PCGK (MWD W/GR), MUD

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	20	20	94	0	96		0	96	
SURF	13+3/4	9+5/8	36	0	777	443	0	777	VISU
1ST	8+3/4	7	26	0	7,266	605	1,272	7,256	CBL
OPEN HOLE	6+1/8	4+1/2	11.6	7160	11,450				

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	2,407		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,687		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,195		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,016		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,988		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,644		<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: 4/15/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400404306	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400404310	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"/>
Other Attachments			
400404229	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400404302	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400404314	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	All logs in well file.	2/17/2014 2:47:50 PM

Total: 1 comment(s)