

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:

400406537

Date Received:

04/19/2013

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: 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 05-123-35611-00

6. County: WELD

7. Well Name: GUTTERSEN D

Well Number: 30-68-1HN

8. Location: QtrQtr: NWNW Section: 29 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1298 feet Direction: FNL Distance: 370 feet Direction: FWL

As Drilled Latitude: 40.199950 As Drilled Longitude: -104.583230

GPS Data:

Data of Measurement: 08/03/2012 PDOP Reading: 5.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1017 feet. Direction: FNL Dist.: 579 feet. Direction: FEL

Sec: 30 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 983 feet. Direction: FNL Dist.: 536 feet. Direction: FWL

Sec: 30 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) 07/01/2012 13. Date TD: 07/09/2012 14. Date Casing Set or D&A: 07/11/2012

15. Well Classification:

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

16. Total Depth MD 11278 TVD** 6902 17 Plug Back Total Depth MD 11253 TVD** 6877

18. Elevations GR 4787 KB 4800

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.
Mud, MWD w/GR

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	26+0/0	16+0/0	84.00	0	113	80	0	113	
SURF	13+3/4	9+5/8	36.00	0	836	400	0	836	VISU
1ST	8+3/4	7+0/0	26.00	0	7,210	560	1,050	7,210	CBL
OPEN HOLE	6+1/8	4+1/2	11.60	7119	11,263				

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	569		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,602		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,288		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,928		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,887		<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: 4/19/2013 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400406595	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400406598	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>					
400406537	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406593	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406601	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	Req'd LAS of MWD w/GR. Received via sundry 400556879. 2/27/14-AS	2/17/2014 3:26:15 PM

Total: 1 comment(s)