

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:
400638369

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: <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>05-123-19142-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>HSR-GUTTERSEN-STATE</u> | Well Number: <u>4-14</u> |
| 8. Location: QtrQtr: <u>NWNW</u> Section: <u>14</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>780</u> feet Direction: <u>FNL</u> Distance: <u>560</u> feet Direction: <u>FWL</u> | |
| As Drilled Latitude: _____ As Drilled Longitude: _____ | |

GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: 93/1239-S

12. Spud Date: (when the 1st bit hit the dirt) 04/16/1996 13. Date TD: 04/18/1996 14. Date Casing Set or D&A: 04/19/1996

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7045 TVD** _____ 17 Plug Back Total Depth MD 7002 TVD** _____

18. Elevations GR 4781 KB 4791

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

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 | 23 | 0 | 586 | | 0 | 586 | VISU |
| 1ST | 7+7/8 | 3+1/2 | 7.7 | 0 | 7,032 | | 3,824 | 7,032 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | SURF | 636 | 200 | 0 | 636 |

Details of work:
 1-1/4" STRING SIZE. PLUGS IN WELLBORE @6635' W/2 SXS CMT AND @4313' W/1 SX SAND FOR WBI FOR ADJACENT FRAC

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

PLUGS IN WELLBORE @6635' W/2 SXS CMT AND @4313' W/1 SX SAND FOR WBI FOR ADJACENT FRAC

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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400638587 | 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"/> |
| 400638589 | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400638591 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 400638583 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)