

FORM
5Rev
09/14

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:

400585154

Date Received:

04/07/2014

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

OGCC Operator Number: 100322

Contact Name: Kathleen Mills

Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

API Number 05-123-38013-00

County: WELD

Well Name: Guttersen State

Well Number: DD17-79-1HN

Location: QtrQtr: SWSW Section: 17 Township: 3N Range: 63W Meridian: 6

Footage at surface: Distance: 275 feet Direction: FSL Distance: 387 feet Direction: FWL

As Drilled Latitude: 40.218874 As Drilled Longitude: -104.469673

GPS Data:

Date of Measurement: 10/30/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: LYNAE HAMMER

** If directional footage at Top of Prod. Zone Dist.: 795 feet. Direction: FSL Dist.: 316 feet. Direction: FWL

Sec: 17 Twp: 3N Rng: 63W

** If directional footage at Bottom Hole Dist.: 77 feet. Direction: FNL Dist.: 319 feet. Direction: FWL

Sec: 17 Twp: 3N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/08/2013 Date TD: 12/16/2013 Date Casing Set or D&A: 12/16/2013

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11502 TVD** 6606 Plug Back Total Depth MD 11486 TVD** 6606

Elevations GR 4820 KB 4844 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, GR

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.09	0	124	72	0	124	VISU
SURF	13+3/4	9+5/8	36	0	841	410	0	841	VISU
1ST	8+3/4	7	26	0	6,963	570	746	6,963	CALC
1ST LINER	6+1/8	4+1/2	11.6	6860	11,487	0			

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,152				
PARKMAN	3,751				
SUSSEX	4,137				
SHANNON	4,773				
TEEPEE BUTTES	5,846				
NIOBRARA	6,682				

Comment:

GPS TAKEN ON CONDUCTOR

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: 4/7/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400585356	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400585351	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>			
400585154	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585329	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585333	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585340	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585342	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585344	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585346	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585347	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585349	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585357	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400812448	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	1) Verify top Pierre Fm. 2) CBL corrupted. Contacted operator. Returned to draft.	3/19/2015 3:41:49 PM

Total: 1 comment(s)