

DRILLING COMPLETION REPORT

Document Number:
401949755

Date Received:

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: Craig Richardson
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-48045-00 County: WELD
 Well Name: Guttersen Well Number: D29-738
 Location: QtrQtr: SENW Section: 29 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 2361 feet Direction: FNL Distance: 2413 feet Direction: FWL
 As Drilled Latitude: 40.197079 As Drilled Longitude: -104.575949

GPS Data:
 Date of Measurement: 12/20/2018 PDOP Reading: 3.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2435 feet. Direction: FSL Dist.: 1950 feet. Direction: FEL
 Sec: 29 Twp: 3N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 2567 feet. Direction: FSL Dist.: 2050 feet. Direction: FEL
 Sec: 17 Twp: 3N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/06/2019 Date TD: 01/09/2019 Date Casing Set or D&A: 01/10/2019
 Rig Release Date: 01/11/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17760 TVD** 6893 Plug Back Total Depth MD 17699 TVD** 6893
 Elevations GR 4782 KB 4812 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, (Resistivity in 123-48043)

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	36.94	0	100	64	0	100	CALC
SURF	13+1/2	9+5/8	36	0	1,960	688	0	1,960	VISU
1ST	8+1/2	5+1/2	20	0	17,746	1,827	2,380	17,746	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:

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	
PARKMAN	3,841				
SUSSEX	4,213				
TEEPEE BUTTES	6,169				
NIOBRARA	6,904				

Comment:

As drilled GPS was surveyed after conductor was set.

TPZ is estimated, actual TPZ will be submitted on the form 5A.

Alternative Logging Program: No Open Hole Logs ran per rule 317.p. Resistivity log ran on Guttersen D29-746 (123-48043).

Spud date on MWD/LWD log incorrect. Correct date reported on form.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Julie Webb

Title: Sr. Regulatory Analyst

Date: _____

Email: julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401951718	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401950279	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			
401950278	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950281	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950283	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950285	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950293	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950295	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

