

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402147499

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: stephany.olsen@nblenergy.com

API Number 05-123-48845-00 County: WELD
Well Name: Guttersen Well Number: D23-711
Location: QtrQtr: SWSE Section: 23 Township: 3N Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 761 feet Direction: FSL Distance: 1399 feet Direction: FEL
As Drilled Latitude: 40.205694 As Drilled Longitude: -104.514173

GPS Data:
Date of Measurement: 06/05/2019 PDOP Reading: 2.7 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 211 feet Direction: FSL Dist: 30 feet Direction: FEL
Sec: 23 Twp: 3N Rng: 64W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 207 feet Direction: FNL Dist: 30 feet Direction: FWL
Sec: 13 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) 06/15/2019 Date TD: 07/07/2019 Date Casing Set or D&A: 07/08/2019

Rig Release Date: 07/09/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17757 TVD** 6801 Plug Back Total Depth MD 17693 TVD** 6800

Elevations GR 4810 KB 4840 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, (IND in 05-123-11335)

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	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,933	646	0	1,933	VISU
1ST	8+1/2	5+1/2	17	0	17,740	1,837	2,465	17,740	CALC

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	3,846				
SUSSEX	4,117				
TEEPEE BUTTES	6,335				
SHARON SPRINGS	7,041				
NIOBRARA	7,128				

Operator Comments:

TPZ is estimated. Actual will be submitted on 5A.

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. Induction ran on Two E Ranch 1-23 (05-123-11335).

Noble will run the CBL prior to completing (perforating) the well. The CBL will be submitted via Sundry Notice immediately after it is run. The top of cement calculation is based on contractor's cement tickets.

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

Signed: _____

Print Name: Stephany Olsen

Title: Regulatory Analyst

Date: _____

Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402164031	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402168318	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>			
402166042	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166044	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166046	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166048	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)

