

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



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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: Denverregulatory@nblenergy.com

API Number 05-123-48664-00 County: WELD
Well Name: Guttersen State Well Number: DD30-775
Location: QtrQtr: SESW Section: 30 Township: 3N Range: 63W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 450 feet Direction: FSL Distance: 2538 feet Direction: FWL
As Drilled Latitude: 40.190390 As Drilled Longitude: -104.481279

GPS Data:
Date of Measurement: 10/22/2019 PDOP Reading: 2.5 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 786 feet Direction: FSL Dist: 1041 feet Direction: FWL
Sec: 30 Twp: 3N Rng: 63W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 203 feet Direction: FNL Dist: 960 feet Direction: FWL
Sec: 19 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) 10/29/2019 Date TD: 11/07/2019 Date Casing Set or D&A: 11/08/2019
Rig Release Date: 11/18/2019 Per Rule 308A.b.

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

Total Depth MD 16865 TVD** 6730 Plug Back Total Depth MD 16798 TVD** 6730
Elevations GR 4794 KB 4824 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD/LWD, (Resistivity 123-48659)

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	1,930	644	0	1,930	VISU
1ST	8+1/2	5+1/2	17	0	16,845	1,740	2,410	16,845	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	3,797				
SUSSEX	4,184				
TEEPEE BUTTES	6,153				
SHARON SPRINGS	6,777				
NIOBRARA	6,837				

Operator Comments:

As drilled GPS was surveyed after conductor was set.

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

Alternative Logging Program: No open hole logs run per rule 317.p. RES ran on GUTTERSEN STATE DD30-785 (05-123-48659).

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>			
402271072	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402281210	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>			
402281262	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402281299	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402285370	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402285371	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)

