

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:

402289886

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: Denverregulatory@nblenergy.com

API Number 05-123-48668-00 County: WELD
Well Name: Guttersen State Well Number: DD30-735
Location: QtrQtr: SESE Section: 30 Township: 3N Range: 63W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 482 feet Direction: FSL Distance: 892 feet Direction: FEL
As Drilled Latitude: 40.190466 As Drilled Longitude: -104.474295

GPS Data:

Date of Measurement: 11/13/2019 PDOP Reading: 5.0 GPS Instrument Operator's Name: Toa Sagapolutele
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 493 feet Direction: FSL Dist: 1638 feet Direction: FEL
Sec: 30 Twp: 3N Rng: 63W

** If directional footage at Bottom Hole Dist: 204 feet Direction: FNL Dist: 1663 feet Direction: FEL
Sec: 19 Twp: 3N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: OG-110849

Spud Date: (when the 1st bit hit the dirt) 11/22/2019 Date TD: 12/01/2019 Date Casing Set or D&A: 12/03/2019

Rig Release Date: 12/12/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17052 TVD** 6755 Plug Back Total Depth MD 16980 TVD** 6755

Elevations GR 4323 KB 4353 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, (Resistivity 123-48666)

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 | 1,924 | 643 | 0 | 1,924 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 17,030 | 1,759 | 2,082 | 17,030 | 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 | 3,772 | | | | |
| SUSSEX | 4,146 | | | | |
| TEEPEE BUTTES | 6,098 | | | | |
| SHARON SPRINGS | 6,662 | | | | |
| NIOBRARA | 6,724 | | | | |

Operator Comments:

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

As drilled GPS was surveyed after conductor was set.

Alternative Logging Program: No open hole logs run per rule 317.p. RES ran on GUTTERSEN STATE DD30-745 (05-123-48666).

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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 402297859 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402297829 | 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 | | | |
| 402297825 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402297879 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402298184 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402298217 | 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)

