

FORM
5Rev
02/20**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:

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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@nbleenergy.com

API Number 05-123-48039-00

County: WELD

Well Name: Guttersen

Well Number: Y05-779

Location: QtrQtr: SWNW Section: 29 Township: 3N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2206 feet Direction: FNL Distance: 973 feet Direction: FWL

As Drilled Latitude: 40.197482 As Drilled Longitude: -104.581094

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/11/2019

GPS Instrument Operator's Name: Toa Sagapolutele

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 2262 feet Direction: FSL Dist: 1291 feet Direction: FWL
Sec: 29 Twp: 3N Rng: 64W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 75 feet Direction: FSL Dist: 1298 feet Direction: FWL
Sec: 5 Twp: 2N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/16/2019 Date TD: 12/26/2019 Date Casing Set or D&A: 12/28/2019

Rig Release Date: 01/03/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 20029 TVD** 6893 Plug Back Total Depth MD 19965 TVD** 6893

Elevations GR 4785 KB 4815

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD/LWD, (Resistivity 123-34500)

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	0	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,933	645	0	1,933	VISU
1ST	8+1/2	5+1/2	17	0	20,012	2,094	2,422	20,012	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	3,721				
SUSSEX	4,114				
SHANNON	4,908				
TEEPEE BUTTES	5,943				
SHARON SPRINGS	6,732				
NIOBRARA	6,812				

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 D29-31D (05-123-34500).

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 OlsenTitle: Regulatory Analyst Date: _____ Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402321954	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402321905	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>			
402321902	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402322411	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402322414	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402322415	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)

