

FORM
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Rev
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:

402289922

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: <u>100322</u>	Contact Name: <u>Craig Richardson</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4232</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>Denverregulatory@nblenergy.com</u>

API Number <u>05-123-48039-00</u>	County: <u>WELD</u>
Well Name: <u>Guttersen</u>	Well Number: <u>Y05-779</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>29</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2206</u> feet Direction: <u>FNL</u> Distance: <u>973</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.197482</u> As Drilled Longitude: <u>-104.581094</u>	
GPS Data: GPS Quality Value: <u>2.4</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>12/11/2019</u>	
GPS Instrument Operator's Name: <u>Toa Sagapolutele</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>2262</u> feet Direction: <u>FSL</u> Dist: <u>1291</u> feet Direction: <u>FWL</u>	
Sec: <u>29</u> Twp: <u>3N</u> Rng: <u>64W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>75</u> feet Direction: <u>FSL</u> Dist: <u>1298</u> feet Direction: <u>FWL</u>	
Sec: <u>5</u> Twp: <u>2N</u> Rng: <u>64W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
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 <u>20029</u> TVD** <u>6893</u> Plug Back Total Depth MD <u>19965</u> TVD** <u>6893</u>
Elevations GR <u>4785</u> KB <u>4815</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

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 Olsen

Title: Regulatory Analyst

Date: _____

Email: stephany.olsen@nblenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

