

FORM
5Rev
12/20

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:

403012971

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: Mosiah Montoya

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4200

Address: 2001 16TH STREET SUITE 900

Fax:

City: DENVER

State: CO

Zip: 80202

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-48914-00

County: WELD

Well Name: Guttersen

Well Number: D10-735

Location: QtrQtr: SWSE Section: 34 Township: 4N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 466 feet Direction: FSL Distance: 1693 feet Direction: FEL

As Drilled Latitude: 40.263037 As Drilled Longitude: -104.533734

GPS Data: GPS Quality Value: 3.0 Type of GPS Quality Value: PDOP Date of Measurement: 01/17/2022

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 199 feet Direction: FNL Dist: 1590 feet Direction: FEL
Sec: 3 Twp: 3N Rng: 64WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 200 feet Direction: FSL Dist: 1661 feet Direction: FEL
Sec: 10 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) 02/03/2022 Date TD: 02/16/2022 Date Casing Set or D&A: 02/17/2022

Rig Release Date: 02/22/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17315 TVD** 6735 Plug Back Total Depth MD 17258 TVD** 6735

Elevations GR 4697 KB 4727

Digital Copies of ALL Logs must be Attached



List All Logs Run:

MWD/LWD, CBL, (RES in 123-31165), (IND in 123-13113)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1542 Fresh Water (bbls): 1397

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1928	642	1928	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17302	2008	17302	2150	CBL

Bradenhead Pressure Action Threshold 578 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	3,649				
SUSSEX	4,043				
SHANNON	4,791				
TEEPEE BUTTES	5,865				
SHARON SPRINGS	6,593				
NIOBRARA	6,679				

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 were ran per rule 317.p Resistivity log ran on Aloysius C 34-24 (123-31165), IND log ran on Aloysius 34-2 (123-13113)

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

Signed: _____

Print Name: Julie WebbTitle: Sr. Regulatory Analyst

Date: _____

Email: julie.webb@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403014886	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403020472	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>			
403020500	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403020506	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403020518	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403020520	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403020521	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)