

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:

403089307

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 05-123-49080-00

County: WELD

Well Name: Guttersen

Well Number: D12-775

Location: QtrQtr: NENW Section: 1 Township: 3N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 316 feet Direction: FNL Distance: 1640 feet Direction: FWL

As Drilled Latitude: 40.260869 As Drilled Longitude: -104.502961

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 03/15/2022

** If directional footage at Top of Prod. Zone Dist: 206 feet Direction: FNL Dist: 1079 feet Direction: FWL
Sec: 1 Twp: 3N Rng: 64W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 201 feet Direction: FSL Dist: 1011 feet Direction: FWL
Sec: 12 Twp: 3N Rng: 64W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/19/2022 Date TD: 04/29/2022 Date Casing Set or D&A: 04/29/2022

Rig Release Date: 05/10/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17377 TVD** 6647 Plug Back Total Depth MD 17317 TVD** 6647

Elevations GR 4745 KB 4775 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD/LWD, (IND in 123-21123)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1553 Fresh Water (bbls): 1408

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

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1922	668	1922	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17361	2017	17361	1826	CBL

Bradenhead Pressure Action Threshold 577 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	3,742				
SUSSEX	3,995				
SHANNON	4,904				
TEEPEE BUTTES	6,011				
SHARON SPRINGS	6,758				
NIOBRARA	6,884				

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 IND log ran on Abbey D1-3 (123-21123).

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>		
403092087	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403089362	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>		
403089385	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403089388	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403089391	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403089393	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
	Email from operator: Can you please return to draft the following wells? We were missing the production cement tickets and I can upload them and resubmit.	07/14/2022

Total: 1 comment(s)