

FORM
5

Rev
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:

403227325

Date Received:

11/22/2022

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>Mosiah Montoya</u> |
| Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 228-4200</u> |
| Address: <u>2001 16TH STREET SUITE 900</u> | Fax: _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>denverregulatory@chevron.onmicrosoft.com</u> |

| | |
|--|--|
| API Number <u>05-123-48935-00</u> | County: <u>WELD</u> |
| Well Name: <u>Guttersen</u> | Well Number: <u>C28-785</u> |
| Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u> | |
| | FNL/FSL FEL/FWL |
| Footage at surface: Distance: <u>318</u> feet Direction: <u>FSL</u> Distance: <u>1447</u> feet Direction: <u>FWL</u> | |
| As Drilled Latitude: <u>40.262621</u> As Drilled Longitude: <u>-104.560188</u> | |
| GPS Data: GPS Quality Value: <u>3.7</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>07/20/2022</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Top of Prod. Zone Dist: <u>307</u> feet Direction: <u>FSL</u> Dist: <u>331</u> feet Direction: <u>FWL</u> | |
| Sec: <u>33</u> Twp: <u>4N</u> Rng: <u>64W</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Bottom Hole Dist: <u>201</u> feet Direction: <u>FNL</u> Dist: <u>326</u> feet Direction: <u>FWL</u> | |
| Sec: <u>28</u> Twp: <u>4N</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) 08/19/2022 Date TD: 08/25/2022 Date Casing Set or D&A: 08/26/2022
 Rig Release Date: 09/24/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

| |
|---|
| Total Depth MD <u>17519</u> TVD** <u>6800</u> Plug Back Total Depth MD <u>17491</u> TVD** <u>6800</u> |
| Elevations GR <u>4724</u> KB <u>4745</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/> |

List All Logs Run:

CBL, MWD/LWD, (IND in 123-13155)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1742 Fresh Water (bbls): 1597
 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 | 101 | 64 | 101 | 0 | CALC |
| SURF | 13+1/2 | 9+5/8 | J-55 | 36 | 0 | 1938 | 717 | 1938 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | P-110 | 17 | 0 | 17511 | 2037 | 17511 | 989 | CBL |

Bradenhead Pressure Action Threshold 581 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 | 3,683 | | | | |
| SUSSEX | 4,342 | | | | |
| SHANNON | 5,004 | | | | |
| TEEPEE BUTTES | 6,068 | | | | |
| SHARON SPRINGS | 6,838 | | | | |
| NIOBRARA | 6,926 | | | | |

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 408.r IND log ran on Lindsay C 33-2 (123-13155).

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

Signed: _____ Print Name: Julie Webb

Title: Sr. Regulatory Analyst Date: 11/22/2022 Email: julie.webb@chevron.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 403227373 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403227380 | 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> | | | |
| 403227381 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403227397 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403227398 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403227399 | LAS-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)