

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403426148

Date Received:

01/07/2025

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

ECMC Operator Number: 100322

Contact Name: Randy Thweatt

Name of Operator: NOBLE ENERGY INC

Phone: (303) 829-2393

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER

State: CO

Zip: 80202

Email: DenverRegulatory@chevron.com

API Number 05-123-49071-00

County: WELD

Well Name: Guttersen State

Well Number: C36-755

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

Footage at surface: Distance: 466 feet Direction: FNL Distance: 1707 feet Direction: FWL

As Drilled Latitude: 40.260455 As Drilled Longitude: -104.502727

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 01/24/2023

** If directional footage at Top of Prod. Zone Dist: 207 feet Direction: FSL Dist: 2313 feet Direction: FWL
Sec: 36 Twp: 4N Rng: 64W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 2399 feet Direction: FSL Dist: 2111 feet Direction: FWL
Sec: 24 Twp: 4N Rng: 64W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: OG 7887 70

Spud Date: (when the 1st bit hit the dirt) 03/30/2023 Date TD: 04/23/2023 Date Casing Set or D&A: 04/26/2023

Rig Release Date: 04/26/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 19884 TVD** 6724 Plug Back Total Depth MD 19849 TVD** 6725

Elevations GR 4746 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): 1253

Fresh Water (bbls): 1108

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	109	64	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1942	707	1942	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	19868	2276	19868	1130	CBL

Bradenhead Pressure Action Threshold 583 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	3,637				
SUSSEX	4,011				
SHANNON	4,877				
TEEPEE BUTTES	5,900				
SHARON SPRINGS	6,603				
NIOBRARA	6,682				

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 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: Kim Bauer

Title: Regulatory Analyst II

Date: 1/7/2025

Email: DenverRegulatory@chevron.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403436274	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403439255	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403436297	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>					
403426148	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403436245	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403436247	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403436257	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403436283	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	01/06/2025

Total: 1 comment(s)