

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2517096

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 91755 4. Contact Name: ANDREA RAWSON
 2. Name of Operator: UNITED STATES EXPLORATION INC Phone: (303) 228-4253
 3. Address: _____ Fax: (303) 228-4286
 City: _____ State: MT Zip: _____

5. API Number 05-123-24225-00 6. County: WELD
 7. Well Name: GUTTERSEN USX CC Well Number: 17-12
 8. Location: QtrQtr: NWSW Section: 17 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 2083 feet Direction: FSL Distance: 646 feet Direction: FWL
 As Drilled Latitude: 40.310530 As Drilled Longitude: -104.468740

GPS Data:

Data of Measurement: 06/06/2007 PDOP Reading: 3.5 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/17/2007 13. Date TD: 04/20/2007 14. Date Casing Set or D&A: 04/20/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6852 TVD** _____ 17 Plug Back Total Depth MD 6821 TVD** _____

18. Elevations GR 4680 KB 4690

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

GR/CCL/CBL, CDL/CNL/ML, DIL/GR

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	493	240	0	493	CALC
1ST	7+7/8	4+1/2		0	6,838	1,150	690	6,838	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,362		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,056		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,740		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,420		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,655		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,679		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 7/30/2007 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072061	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2517096	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec CBL doc# 1907581	1/6/2011 11:14:54 AM
Permit	req cement tkts & CBL. REC CMT TKTS, WAITING ON CBL	12/13/2010 12:13:42 PM

Total: 2 comment(s)