


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2517096	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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:					
Sec:		Twp:    Rng:					
** If directional footage at Bottom Hole		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:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> 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"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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)