

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



DE ET OE ES

Document Number:

400212152

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: 100322 4. Contact Name: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32997-00 6. County: WELD
7. Well Name: GUTTERSEN STATE Well Number: D22-22
8. Location: QtrQtr: NWSE Section: 22 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 2565 feet Direction: FSL Distance: 1320 feet Direction: FEL
As Drilled Latitude: 40.210670 As Drilled Longitude: -104.532670

GPS Data:
Date of Measurement: 07/27/2011 PDOP Reading: 2.9 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: 70-7885S

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2011 13. Date TD: 05/15/2011 14. Date Casing Set or D&A: 05/15/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7639 TVD** 17 Plug Back Total Depth MD 7587 TVD**

18. Elevations GR 4835 KB 4851
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:
CBL/GRL/CCL/VDL, ACL/TRL/SDL/DSNL.

20. Casing, Liner and Cement:

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	24.00	0	746	250	0	746	VISU
1ST	7+7/8	4+1/2	11.60	0	7,632	700	1,740	7,632	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
NIOBRARA	6,686		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,959		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,983		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,068		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,383		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,443		<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: Eileen Roberts

Title: Regulatory Specialist Date: 10/6/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400212159	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>			
400212152	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)