

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400314742

Date Received:

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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34836-00

6. County: WELD

7. Well Name: GUTTERSEN STATE USX

Well Number: D21-27D

8. Location: QtrQtr: NENE Section: 21 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1259 feet Direction: FNL Distance: 1258 feet Direction: FEL

As Drilled Latitude: 40.214660 As Drilled Longitude: -104.551290

GPS Data:

Data of Measurement: 05/02/2012 PDOP Reading: 3.2 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 63 feet. Direction: FNL Dist.: 1306 feet. Direction: FEL

Sec: 21 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 63 feet. Direction: FNL Dist.: 1306 feet. Direction: FEL

Sec: 21 Twp: 3N Rng: 64W

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) 04/01/2012 13. Date TD: 04/04/2012 14. Date Casing Set or D&A: 04/04/2012

15. Well Classification:

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

16. Total Depth MD 7354 TVD** 7192 17 Plug Back Total Depth MD 7300 TVD** 7138

18. Elevations GR 4801 KB 4814

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:

Triple Combo, CBL

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	0	701	236	0	701	
1ST	7+7/8	4+1/2	11.6	0	7,345	585	1,810	7,345	

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:					

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	
PIERRE	558		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,845		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,397		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,285		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,837		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,107		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,130		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,147		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,199		<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: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400314776	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400314748	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>					
400314749	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314779	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314782	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)