

FORM
5

Rev
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:

400331730

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-33987-00
6. County: WELD
7. Well Name: GUTTERSEN D Well Number: 04-31D
8. Location: QtrQtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 290 feet Direction: FNL Distance: 290 feet Direction: FWL
As Drilled Latitude: 40.261010 As Drilled Longitude: -104.564340

GPS Data:
Date of Measurement: 06/12/2012 PDOP Reading: 6.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1350 feet. Direction: FNL Dist.: 74 feet. Direction: FEL
Sec: 4 Twp: 3N Rng: 64W
** If directional footage at Bottom Hole Dist.: 1335 feet. Direction: FNL Dist.: 62 feet. Direction: FEL
Sec: 4 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) 05/16/2012 13. Date TD: 05/21/2012 14. Date Casing Set or D&A: 05/22/2012

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

16. Total Depth MD 7293 TVD** 7124 17 Plug Back Total Depth MD 7238 TVD** 7069

18. Elevations GR 4747 KB 4760
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:
Caliper/Comp. Density/Neutron/GR/SP/ML
DIL/GR/SP/Caliper
CBL/CCL/GR

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	13	740	371	13	740	
1ST	7+7/8	4+1/2	11.6	940	7,293	625	7,293	625	

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	
CODELL			<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	460		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,009		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,845		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

NO LAS OF DIRECTIONAL SURVEY RUN.

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

Signed: _____

Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: _____

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400332371	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400332369	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>			
400332367	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332368	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332370	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)