

**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



DE ET OE ES

Document Number:

400372228

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: 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 05-123-35369-00

6. County: WELD

7. Well Name: GUTTERSEN STATE

Well Number: D28-21D

8. Location: QtrQtr: NESW Section: 28 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 2180 feet Direction: FSL Distance: 2189 feet Direction: FWL

As Drilled Latitude: 40.195070 As Drilled Longitude: -104.557920

## GPS Data:

Data of Measurement: 08/08/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 2467 feet. Direction: FNL Dist.: 2568 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2467 feet. Direction: FNL Dist.: 2568 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 70-7886-S

12. Spud Date: (when the 1st bit hit the dirt) 06/14/2012 13. Date TD: 06/17/2012 14. Date Casing Set or D&amp;A: 06/17/2012

## 15. Well Classification:

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

16. Total Depth MD 7250 TVD\*\* 7171 17 Plug Back Total Depth MD 7200 TVD\*\* 7121

18. Elevations GR 4800 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:

CBL/GRL/CCL/VDL, CDL/CNL/ML, HRIL.

No other logs sent at this time.

No Sales Line.

## 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	14	864	343	0	870	
1ST	7+7/8	4+1/2	11.60	870	7,245	580	2,729	7,250	CBL

### **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	597		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,796		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,053		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,821		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,091		<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: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400372277	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400372278	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>					
400372273	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400372274	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400372280	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)