

DRILLING COMPLETION REPORT

Document Number:

400399746

Date Received:

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

5. API Number <u>05-123-35544-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUTTERSEN D</u>	Well Number: <u>30-69-1HN</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>29</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1275</u> feet Direction: <u>FNL</u> Distance: <u>370</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.200010</u> As Drilled Longitude: <u>-104.583230</u>	

GPS Data:

Data of Measurement: 08/03/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 285 feet. Direction: FNL Dist.: 724 feet. Direction: FEL

Sec: 30 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 246 feet. Direction: FNL Dist.: 532 feet. Direction: FWL

Sec: 30 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) 06/20/2012 13. Date TD: 06/29/2012 14. Date Casing Set or D&A: 06/30/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11050 TVD** 6905 17 Plug Back Total Depth MD 11025 TVD** 6880

18. Elevations GR 4787 KB 4800

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.
No other logs sent at this time.

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
CONDUCTOR	26+0/0	16+0/0	84.00	0	113	80	0	113	
SURF	13+3/4	9+5/8	36.00	0	853	364	0	364	
1ST	8+3/4	7+0/0	26.00	0	7,291	570	489	7,291	CBL
1ST LINER	6+1/8	4+1/2	11.60	7239	11,035	0	0	11,035	

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	569		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,506		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,288		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,928		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,002		<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>			
400401430	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400401412	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400401434	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400401437	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)