

**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:

400399746

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 05-123-35544-00

6. County: WELD

7. Well Name: GUTTERSEN D

Well Number: 30-69-1HN

8. Location: QtrQtr: NWNW Section: 29 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1275 feet Direction: FNL Distance: 370 feet Direction: FWL

As Drilled Latitude: 40.200010 As Drilled Longitude: -104.583230

## 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&amp;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**

--	--	--

Total: 0 comment(s)