

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:

400403376

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: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-35204-00
6. County: WELD
7. Well Name: GUTTERSEN STATE Well Number: D16-63-1HN
8. Location: QtrQtr: SESE Section: 16 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 1267 feet Direction: FSL Distance: 103 feet Direction: FEL
As Drilled Latitude: 40.221580 As Drilled Longitude: -104.547090

GPS Data:

Date of Measurement: 09/27/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 963 feet. Direction: FSL Dist.: 838 feet. Direction: FEL

Sec: 16 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 956 feet. Direction: FSL Dist.: 4747 feet. Direction: FWL

Sec: 16 Twp: 3N Rng: 64W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: 70-7884-S

12. Spud Date: (when the 1st bit hit the dirt) 07/09/2012 13. Date TD: 07/18/2012 14. Date Casing Set or D&A: 07/20/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11243 TVD** 6843 17 Plug Back Total Depth MD 11232 TVD** 6832

18. Elevations GR 4782 KB 4795

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, NO OTHER LOGS ARE SUBMITTED 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	20	16	42.05	0	95		0	95	
SURF	13+3/4	9+5/8	36	0	789	421	0	789	
1ST	8+3/4	7	26	0	7,212	554	0	7,212	
1ST LINER	6+1/8	4+1/2	11.6	7108	11,233	0		11,233	

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	2,392		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,689		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,197		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,020		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,013		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,762		<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: Kathleen Mills

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400403380	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400403381	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"/>
Other Attachments			
400403382	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400405894	LAS-CEMENT BOND	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)