

DRILLING COMPLETION REPORT

Document Number:
401949742

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

OGCC Operator Number: 100322 Contact Name: Craig Richardson
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4232
 Address: 1001 NOBLE ENERGY WAY Fax: _____
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-48040-00 County: WELD
 Well Name: Guttersen Well Number: D29-770
 Location: QtrQtr: SWNW Section: 29 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 2356 feet Direction: FNL Distance: 1010 feet Direction: FWL
 As Drilled Latitude: 40.197033 As Drilled Longitude: -104.580975

GPS Data:
 Date of Measurement: 11/30/2018 PDOP Reading: 2.8 GPS Instrument Operator's Name: Toa Sagapolutele

** If directional footage at Top of Prod. Zone Dist.: 2344 feet. Direction: FNL Dist.: 1531 feet. Direction: FWL
 Sec: 29 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2543 feet. Direction: FSL Dist.: 1426 feet. Direction: FWL
 Sec: 17 Twp: 3N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/18/2018 Date TD: 12/22/2018 Date Casing Set or D&A: 12/23/2018
 Rig Release Date: 01/05/2019 Per Rule 308A.b.

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

Total Depth MD 17356 TVD** 6824 Plug Back Total Depth MD 17299 TVD** 6824

Elevations GR 4785 KB 4815 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, Mud, Neutron

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	36.94	0	110	64	0	110	CALC
SURF	13+1/2	9+5/8	36	0	1,956	686	0	1,956	VISU
1ST	8+1/2	5+1/2	20	0	17,346	1,773	2,104	17,346	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,845				
SUSSEX	4,164				
TEEPEE BUTTES	5,994				
SHARON SPRINGS	6,805				
NIOBRARA	6,913				

Comment:

As drilled GPS was surveyed after conductor was set on 11/3/2018.

TPZ is actual.

GL/KB on CBL and Neutron log are incorrect. Correct elevations reported on form.

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

Signed: _____

Print Name: Julie Webb _____

Title: Sr. Regulatory Analyst _____

Date: _____

Email: julie.webb@nblenergy.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401951691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401950114	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			
401950110	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950117	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950118	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950121	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950123	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950125	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950131	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950132	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950135	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401950136	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

