

FORM  
5Rev  
12/20

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403114459

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 100322

Contact Name: Mosiah Montoya

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4200

Address: 2001 16TH STREET SUITE 900

Fax:

City: DENVER

State: CO

Zip: 80202

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-49270-00

County: WELD

Well Name: Guttersen

Well Number: CC32-765

Location: QtrQtr: NESW Section: 29 Township: 4N Range: 63W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 2487 feet Direction: FSL Distance: 1502 feet Direction: FWL

As Drilled Latitude: 40.282946 As Drilled Longitude: -104.465682

GPS Data: GPS Quality Value: 3.0 Type of GPS Quality Value: PDOP Date of Measurement: 05/05/2022

FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 2382 feet Direction: FSL Dist: 1644 feet Direction: FWL  
Sec: 25 Twp: 4N Rng: 63WFNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 202 feet Direction: FSL Dist: 1642 feet Direction: FWL  
Sec: 32 Twp: 4N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/15/2022 Date TD: 05/28/2022 Date Casing Set or D&amp;A: 05/29/2022

Rig Release Date: 06/02/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14490 TVD\*\* 6660 Plug Back Total Depth MD 14470 TVD\*\* 6660

Elevations GR 4762 KB 4792

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, (IND in 123-26134)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1384

Fresh Water (bbls): 1239

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A-52A	36.94	0	110	64	110	0	CALC
SURF	13+1/2	9+5/8	J-55	36	0	1949	667	1949	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	14477	1690	14477	1185	CBL

Bradenhead Pressure Action Threshold 585 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

**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	3,662				
SUSSEX	4,094				
SHANNON	4,943				
TEEPEE BUTTES	5,837				
SHARON SPRINGS	6,541				
NIOBRARA	6,622				

Operator Comments:

TPZ is estimated, actual TPZ will be submitted on Form 5A.

As drilled GPS was surveyed after conductor was set.

Alternative logging Program: No open hole logs were ran per rule 317.p IND log ran on Guttersen 23-29U (123-26134).

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

Signed: \_\_\_\_\_

Print Name: Julie WebbTitle: Sr. Regulatory Analyst

Date: \_\_\_\_\_

Email: julie.webb@chevron.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
403114495	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403114478	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>		
403114481	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403115270	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403115274	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403115278	LAS-MWD/LWD	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)