

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

403250129

Date Received:

12/15/2022

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

ECMC Operator Number: 100322

Contact Name: Randy Thweatt

Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4000

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER State: CO Zip: 80202

Email: denverregulatory@chevron.onmicrosoft.com

API Number 05-123-49068-00

County: WELD

Well Name: Guttersen

Well Number: DD17-735

Location: QtrQtr: NENE Section: 8 Township: 3N Range: 63W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 548 feet Direction: FNL Distance: 1294 feet Direction: FEL

As Drilled Latitude: 40.245900 As Drilled Longitude: -104.456786

GPS Data: GPS Quality Value: 3.7 Type of GPS Quality Value: PDOP Date of Measurement: 08/25/2022

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 226 feet Direction: FNL Dist: 1714 feet Direction: FEL
Sec: 8 Twp: 3N Rng: 63WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 199 feet Direction: FSL Dist: 1658 feet Direction: FEL
Sec: 17 Twp: 3N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/08/2022 Date TD: 10/23/2022 Date Casing Set or D&A: 10/25/2022

Rig Release Date: 10/31/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17606 TVD** 6712 Plug Back Total Depth MD 17573 TVD** 6713

Elevations GR 4866 KB 4895

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, (IND-GR in 123-26345)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1632 Fresh Water (bbls): 1487

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

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	A-52A	36.94	0	109	64	109	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1930	717	1930	0	VISU
1ST	8+1/2	5+1/2	P-110	17	0	17593	2049	17593	1850	CBL

Bradenhead Pressure Action Threshold 579 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	3,743				
SUSSEX	4,151				
SHANNON	5,038				
TEEPEE BUTTES	6,128				
SHARON SPRINGS	6,824				
NIOBRARA	6,912				

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 408.r IND-GR log ran on Gutttersen #31-8 (123-26345).

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 AnalystDate: 12/15/2022Email: julie.webb@chevron.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403250532	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403260261	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403250512	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>			
403250129	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403250523	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403250524	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403250527	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403250529	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>
Permit	Permit review complete - Passed Task Updated Contact per Operator (Noble) Updated TPZ from the Form 5A	03/17/2025

Total: 1 comment(s)