

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400212152

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: EILEEN ROBERTS
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32997-00
6. County: WELD
7. Well Name: GUTTERSEN STATE Well Number: D22-22
8. Location: QtrQtr: NWSE Section: 22 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 2565 feet Direction: FSL Distance: 1320 feet Direction: FEL
As Drilled Latitude: 40.210670 As Drilled Longitude: -104.532670

GPS Data:
Data of Measurement: 07/27/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Paul Tappy

** If directional footage
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 70-7885S

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2011 13. Date TD: 05/15/2011 14. Date Casing Set or D&A: 05/15/2011

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

16. Total Depth MD 7639 TVD 17 Plug Back Total Depth MD 7587 TVD

18. Elevations GR 4835 KB 4851
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, ACL/TRL/SDL/DSNL.

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
SURF	12+1/4	8+5/8	24.00	0	746	250	0	755	
1ST	7+7/8	4+1/2	11.60	0	7,632	700	1,740	7,632	CBL

ADDITIONAL CEMENT

Cement work date:

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
NIOBRARA	6,686		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,959		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,983		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,068		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,383		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,443		<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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400212159	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)