

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:  
400415125

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 05-123-35209-00  
6. County: WELD  
7. Well Name: GUTTERSEN STATE Well Number: D16-65-1HN  
8. Location: QtrQtr: NESE Section: 16 Township: 3N Range: 64W Meridian: 6  
Footage at surface: Distance: 2515 feet Direction: FSL Distance: 105 feet Direction: FEL  
As Drilled Latitude: 40.225010 As Drilled Longitude: -104.547090

GPS Data:

Date of Measurement: 08/06/2012 PDOP Reading: 4.9 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2292 feet. Direction: FSL Dist.: 821 feet. Direction: FEL

Sec: 16 Twp: 3N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2272 feet. Direction: FSL Dist.: 688 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

12. Spud Date: (when the 1st bit hit the dirt) 07/22/2012 13. Date TD: 07/30/2012 14. Date Casing Set or D&A: 07/31/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11090 TVD\*\* 6861 17 Plug Back Total Depth MD 11074 TVD\*\* 6845

18. Elevations GR 4791 KB 4804

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 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	93	80	0	93	VISU
SURF	13+3/4	9+5/8	36	0	771	454	0	771	VISU
1ST	8+3/4	7	26	0	7,226	555	1,212	7,226	CALC
1ST LINER	6+1/8	4+1/2	11.6	7107	11,075	0			

**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	2,401		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,698		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,206		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,035		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,994		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,756		<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 ?	
<b>Attachment Checklist</b>			
400415140	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400415139	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"/>
<b>Other Attachments</b>			
400415131	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415133	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415142	DIRECTIONAL DATA	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)