


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold; margin-top: 10px;">400164262</div>	DE	ET	OE	ES																					
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DRILLING COMPLETION REPORT																												
<small>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.</small>																												
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion																												
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GPS Data: Data of Measurement: <u>05/03/2011</u> PDOP Reading: <u>2.1</u> GPS Instrument Operator's Name: <u>Renee Doiron</u>																												
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9. Field Name: <u>WATTENBERG</u> 10. Field Number: <u>90750</u>																												
11. Federal, Indian or State Lease Number: _____																												
12. Spud Date: (when the 1st bit hit the dirt) <u>03/14/2011</u> 13. Date TD: <u>03/19/2011</u> 14. Date Casing Set or D&A: <u>03/20/2011</u>																												
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation																												
16. Total Depth MD <u>7916</u> TVD** <u>7868</u> 17 Plug Back Total Depth MD <u>7756</u> TVD** <u>7708</u>																												
18. Elevations GR <u>4783</u> KB <u>4798</u>																												
19. List Electric Logs Run: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PRELIMINARY FORM 5</div>																												
20. Casing, Liner and Cement:																												

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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#	0	547	350	0	547	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,786	1,050	346	7,786	CALC

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	
PARKMAN	3,780		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,235	4,560	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,198	6,200	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,978		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,261		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,282		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,735		<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: Cindy Vue

Title: Regulatory Analyst II Date: 5/12/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400164273	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400164272	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400164262	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	7/22/2011 12:48:27 PM

Total: 1 comment(s)