

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:

400421633

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: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-36236-00
6. County: WELD
7. Well Name: SPARBOE Well Number: 40C-3HZ
8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 229 feet Direction: FNL Distance: 679 feet Direction: FEL
As Drilled Latitude: 40.101623 As Drilled Longitude: -104.643032

GPS Data:

Date of Measurement: 03/04/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 593 feet. Direction: FNL Dist.: 335 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2083 feet. Direction: FNL Dist.: 323 feet. Direction: FEL

Sec: 3 Twp: 2N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/01/2012 13. Date TD: 01/23/2013 14. Date Casing Set or D&A: 01/27/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 14472 TVD** 7244 17 Plug Back Total Depth MD 14448 TVD** 7245

18. Elevations GR 4970 KB 4976

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:

GR/RES

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	13+1/2	9+5/8	36.0	0	1,856	680	25	1,856	CALC
1ST	8+3/4	7	26.0	0	7,609	695	673	7,609	CALC
1ST LINER	6+1/8	4+1/2	11.6	6650	14,457				CALC

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	
SHARON SPRINGS	6,949		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,067		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,441		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,780		<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: Joel Malefyt

Title: Regulatory Analyst Date: _____ Email: joel.malefyt@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400421637	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400421636	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"/>
Other Attachments			
400421638	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421641	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421650	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421654	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421656	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421674	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)