

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:

400469444

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: Katie Kistner  
Phone: (720) 9294317  
Fax:

5. API Number 05-123-36818-00  
6. County: WELD  
7. Well Name: GOBBLER Well Number: 27N-23HZ  
8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 240 feet Direction: FSL Distance: 1559 feet Direction: FEL  
As Drilled Latitude: 40.117153 As Drilled Longitude: -104.740552

GPS Data:

Date of Measurement: 06/04/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 772 feet. Direction: FSL Dist.: 1130 feet. Direction: FEL

Sec: 23 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 483 feet. Direction: FNL Dist.: 1138 feet. Direction: FEL

Sec: 23 Twp: 2N Rng: 66W

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) 03/14/2013 13. Date TD: 05/25/2013 14. Date Casing Set or D&A: 05/27/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11915 TVD\*\* 7385 17 Plug Back Total Depth MD 11891 TVD\*\* 11891

18. Elevations GR 5093 KB 5106

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, GR, MUD

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             | 1,069         | 415       | 0       | 1,069   | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,876         | 805       | 250     | 7,876   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.2  | 6823          | 11,900        |           |         |         | 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 | 7,255          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,352          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Katie Kistner

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: katie.kistner@anadarko.com

**Attachment Check List**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 400469484                          | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400469492                          | 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><u>Other Attachments</u></b>    |                       |   |  |
| 400469469                          | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469475                          | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469476                          | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469477                          | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469478                          | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469479                          | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400469483                          | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

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

Total: 0 comment(s)