

FORM
5Rev
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:

400478612

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

4. Contact Name: JOEL MALEFYT

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36241-00

6. County: WELD

7. Well Name: SPARBOE

Well Number: 8C-3HZ

8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 228 feet Direction: FNL Distance: 769 feet Direction: FEL

As Drilled Latitude: 40.101622 As Drilled Longitude: -104.643241

GPS Data:

Data of Measurement: 03/04/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 740 feet. Direction: FNL Dist.: 936 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2102 feet. Direction: FNL Dist.: 1039 feet. Direction: FEL

Sec: 3 Twp: 1N 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) 11/26/2012 13. Date TD: 02/25/2013 14. Date Casing Set or D&A: 02/25/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 14408 TVD** 7255 17 Plug Back Total Depth MD 14383 TVD** 7254

18. Elevations GR 4970 KB 4995

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; RES; 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	1,874	1,048	0	1,874	VISU
1ST	8+3/4	7	26	0	7,691	753	840	7,691	CBL
1ST LINER	6+1/8	4+1/2	11.6	6648	14,393				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	7,001		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,048		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,473		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,555		<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: JOEL MALEFYTTitle: REGULATORY ANALYST

Date: _____

Email: RSCDJPOSTDRILL@ANADARKO.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400478629	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400478628	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"/>
<u>Other Attachments</u>					
400478617	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478622	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478623	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478625	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478626	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478627	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478630	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478792	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400478794	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)