

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:

400463816

Date Received:

09/09/2013

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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7828

5. API Number 05-123-36758-00 6. County: WELD
7. Well Name: MELBON Well Number: 12C-8HZ
8. Location: QtrQtr: SWNW Section: 17 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 2500 feet Direction: FNL Distance: 665 feet Direction: FWL
As Drilled Latitude: 40.139096 As Drilled Longitude: -104.694969

GPS Data:
Date of Measurement: 06/03/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2036 feet. Direction: FNL Dist.: 548 feet. Direction: FWL
Sec: 17 Twp: 2N Rng: 65W
** If directional footage at Bottom Hole Dist.: 2163 feet. Direction: FSL Dist.: 490 feet. Direction: FWL
Sec: 8 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) 02/28/2013 13. Date TD: 04/23/2013 14. Date Casing Set or D&A: 04/25/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11844 TVD** 7346 17 Plug Back Total Depth MD 11815 TVD** 7345

18. Elevations GR 4955 KB 4971
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF, 1ST, and 1ST LINER.

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	7,003		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,069		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,486		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,600		<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 MALEFYT

Title: REGULATORY ANALYST Date: 9/9/2013 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400463845	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400463844	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			
400463816	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463832	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463834	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463835	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463836	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463838	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463839	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463841	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463846	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400478484	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)