

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



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| DE | ET | OE | ES |
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Document Number:
400571715

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: Katie Kistner
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36744-00 6. County: WELD
 7. Well Name: GOBLER Well Number: 37C-27HZ
 8. Location: QtrQtr: SWSE Section: 22 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 818 feet Direction: FSL Distance: 2187 feet Direction: FEL
 As Drilled Latitude: 40.118687 As Drilled Longitude: -104.761808

GPS Data:

Data of Measurement: 02/12/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 42 feet. Direction: FNL Dist.: 1272 feet. Direction: FEL

Sec: 27 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 1176 feet. Direction: FEL

Sec: 27 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) 08/07/2013 13. Date TD: 01/09/2014 14. Date Casing Set or D&A: 01/11/2014

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12799 TVD** 7529 17 Plug Back Total Depth MD 12774 TVD** 7529

18. Elevations GR 5054 KB 5070

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 | 1,109 | 396 | 0 | 1,109 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 8,048 | 790 | 0 | 8,048 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 7011 | 12,784 | | | | 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 | |
| SUSSEX | 4,245 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 7,318 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,358 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 8,832 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 8,999 | | <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 ? | |
|-----------------------------|--|---|--|
| Attachment Checklist | | | |
| 400574731 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400571747 | 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 | | | |
| 400571730 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400571732 | PDF-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400571734 | LAS-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400571738 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400571744 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400571746 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)