FORM 5	State of Colorado		DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400590023

Date Received:

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: REBECCA HEIM
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
   Phone: (720) 929-6361
3. Address: P O BOX 173779
   Fax: (720) 929-7361
   City: DENVER   State: CO   Zip: 80217-

5. API Number: 05-123-23896-00
6. County: WELD
7. Well Name: ROBERTS   Well Number: 31-22
8. Location: QtrQtr: SWNW   Section: 22   Township: 3N   Range: 66W   Meridian: 6

Footage at surface: Distance: 1936 feet Direction: FNL   Distance: 468 feet Direction: FWL

As Drilled Latitude: 40.212479   As Drilled Longitude: -104.771327

GPS Data:

Data of Measurement: 05/09/2006   PDOP Reading: 2.4   GPS Instrument Operator's Name: Chris Fisher

** If directional footage at Top of Prod. Zone   Dist.: 1317 feet. Direction: FNL   Dist.: 44 feet. Direction: FWL

Sec: 22   Twp: 3N   Rng: 66W

** If directional footage at Bottom Hole   Dist.: 1317 feet. Direction: FNL   Dist.: 44 feet. Direction: FWL

Sec: 22   Twp: 3N   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) 07/15/2006 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth   MD 7587   TVD** 7511   17 Plug Back Total Depth   MD 7560   TVD** 7484

18. Elevations   GR 4900   KB 4916

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:

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	12+1/4	8+5/8		0	725	320	0	725	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/20/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,575	170	698	1,480
SQUEEZE	1ST	725	20	698	1,480
SQUEEZE	1ST	725	20	690	1,500
SQUEEZE	1ST	725	25	690	1,500
SQUEEZE	1ST	725	25	690	1,500
NON CEMENT SQUEEZE	1ST	725	120	220	1,500

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	
			☐	☐	

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB

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

Signed: _____   Print Name: REBECCA HEIM

Title: SR. REGULATORY ANALYST   Date: _____   Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name		attached ?	
400590035	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
	Other	Yes ☐	No ☒

Other Attachments

Att Doc Num	Document Name		attached ?	
400590033	OPERATIONS SUMMARY	Yes ☒	No ☐
400590034	WELLBORE DIAGRAM	Yes ☒	No ☐
400590038	PDF-CBL 1ST RUN	Yes ☒	No ☐
400591541	PDF-CBL 2ND RUN	Yes ☒	No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)