

**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.

Document Number:  
400607798

Date Received:  
05/13/2014

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 05-123-24714-00 6. County: WELD  
 7. Well Name: ROBERTS Well Number: 35-15  
 8. Location: QtrQtr: NWNW Section: 22 Township: 3N Range: 66W Meridian: 6  
 Footage at surface: Distance: 602 feet Direction: FNL Distance: 486 feet Direction: FWL  
 As Drilled Latitude: 40.216149 As Drilled Longitude: -104.771301

GPS Data:  
 Date of Measurement: 08/01/2007 PDOP Reading: 4.6 GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: 73 feet. Direction: FSL Dist.: 1247 feet. Direction: FWL  
 Sec: 15 Twp: 3N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 73 feet. Direction: FSL Dist.: 1247 feet. Direction: FWL  
 Sec: 15 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) 07/18/2007 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 7665 TVD\*\* 7531 17 Plug Back Total Depth MD 7618 TVD\*\* 7484

18. Elevations GR 4885 KB 4897 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	726	510	0	726	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/01/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,507	170	685	1,490

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

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: 5/13/2014 Email: rscdjpostdrill@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400607804	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>Other Attachments</b>			
400607798	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607802	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607803	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400607807	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)