FORM 5 Rev 09/14	State of Colorado Oil and Gas Conservation Commission		DE	ET	OE	ES

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

Document Number: 400988893

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

OGCC Operator Number: 47120

Contact Name: DOREEN GREEN

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (435) 781-9758

Address: P O BOX 173779

Fax:

City: DENVER   State: CO   Zip: 80217-

API Number: 05-123-14830-00

County: WELD

Well Name: WEBBER

Well Number: 11-4

Location: QtrQtr: NWNW   Section: 4   Township: 3N   Range: 66W   Meridian: 6

Footage at surface: Distance: 680 feet Direction: FNL   Distance: 465 feet Direction: FWL

As Drilled Latitude: 40.259067   As Drilled Longitude: -104.790192

GPS Data:

Date of Measurement: 09/18/2008   PDOP Reading: 2.3   GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone   Dist.: ___ feet. Direction: ___   Dist.: ___ feet. Direction: ___

Sec: ___   Twp: ___   Rng: ___

** If directional footage at Bottom Hole   Dist.: ___ feet. Direction: ___   Dist.: ___ feet. Direction: ___

Sec: ___   Twp: ___   Rng: ___

Field Name: WATTENBERG   Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/03/1990   Date TD: Date Casing Set or D&A:

Rig Release Date: 12/09/1990   Per Rule 308A.b.

Well Classification:

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

Total Depth   MD 7917   TVD** ___   Plug Back Total Depth   MD 7878   TVD** ___

Elevations   GR 4787   KB 4798   **Digital Copies of ALL Logs must be Attached per Rule 308A** ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

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	24	0	356	240	0	356	CALC
1ST	7+7/8	4+1/2	11.6	0	7,419	230	6,385	7,419	CBL
1ST LINER	3+7/8	2+7/8	6.5	7356	7,911	35	7,356	7,911	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/12/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	4,420	130	4,098	4,430
1 INCH	1ST	1,090	230	398	1,092

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

BRADENHEAD-ANNULAR FILL

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

Signed: _____   Print Name: DOREEN GREEN

Title: REGULATORY ANALYST   Date: _____   Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name		attached ?	
Attachment Checklist				
400988901	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
400988899	Other	Yes ☒	No ☐
Other Attachments				
400988897	PDF-CEMENT BOND	Yes ☒	No ☐
400988898	GYRO SURVEY	Yes ☒	No ☐
400988900	OPERATIONS SUMMARY	Yes ☒	No ☐
400988902	WELLBORE DIAGRAM	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)