

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400120801

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: 2800

4. Contact Name: Kenny Trueax

2. Name of Operator: ANADARKO E&P COMPANY LP

Phone: (720) 929-6383

3. Address: P O BOX 1330

Fax: (720) 929-7383

City: HOUSTON State: TX Zip: 77251

5. API Number 05-123-31811-00

6. County: WELD

7. Well Name: HOBART

Well Number: 8-67-1-11

8. Location: QtrQtr: NESW Section: 1 Township: 8N Range: 67W Meridian: 6

Footage at surface: Distance: 2020 feet Direction: FSL Distance: 2212 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/18/2010 13. Date TD: 09/26/2010 14. Date Casing Set or D&A: 09/28/2010

15. Well Classification:

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

16. Total Depth MD 8295 TVD 8293 17 Plug Back Total Depth MD 8208 TVD 8208

18. Elevations GR 5348 KB 5362

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:

Confidential well - Waiting on completion TBD
SD, DSN, ACTR, Mud Log

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	11+0/0	8+5/8	24	0	1,027	185	0	1,027	CALC
1ST	7+7/8	4+1/2	11.6	0	8,283	1,325	12	8,283	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,408		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,192		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email: kenny.trueax@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400120988	CEMENT JOB SUMMARY
400126945	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)