


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400120801	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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		Dist.: feet. Direction: Dist.: feet. Direction:					
Sec: Twp: Rng:							
** If directional footage at Bottom Hole		Dist.: feet. Direction: Dist.: 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:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> 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: 2/9/2011 Email: kenny.trueax@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400120988	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400126945	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400120801	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	6/6/2011 11:48:14 AM

Total: 1 comment(s)