

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400237170

## 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: CARA MAHLER

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

Phone: (720) 929-6029

3. Address: PO BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217

5. API Number 05-123-33866-01

6. County: WELD

7. Well Name: CHRISTNER

Well Number: 8-66-5-3XH

8. Location: QtrQtr: NENW Section: 5 Township: 8N Range: 66W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FNL Distance: 1680 feet Direction: FWL

As Drilled Latitude: 40.695666 As Drilled Longitude: -104.805259

## GPS Data:

Date of Measurement: 01/04/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 676 feet. Direction: FNL Dist.: 1416 feet. Direction: FWL

Sec: 5 Twp: 8N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 621 feet. Direction: FSL Dist.: 1291 feet. Direction: FWL

Sec: 5 Twp: 8N Rng: 66W

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) 08/27/2011 13. Date TD: 11/06/2011 14. Date Casing Set or D&amp;A: 11/11/2011

## 15. Well Classification:

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

16. Total Depth MD 11420 TVD\*\* 7443 17 Plug Back Total Depth MD 6673 TVD\*\* 6673

18. Elevations GR 5192 KB 5217

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:

CBL HZ, CBL Vert, CSNG, SDDSNACTR,

## 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	9+5/8	36	0	975	460	0	975	CALC
1ST	8+3/4	7+0/0	26	0	7,771	700	1,830	7,771	CBL
1ST LINER	6+1/8	4+1/2	11.6	6440	11,410	236	6,440	11,410	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 10/28/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	7,173	211	6,673	7,173

Details of work:

Kick off plug for Sidetrack.

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	
PARKMAN	3,838		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,606		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,025		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,340		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,387		<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: CARA MAHLER

Title: REGULATORY ANALYST

Date: \_\_\_\_\_

Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400237175	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400255875	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>					
400255869	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)