

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400237170

Date Received:

02/28/2012

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&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:

Data 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&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 6781 TVD** 6769

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	955	460	0	955	VISU
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

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	
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: 2/28/2012 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>			
400237170	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400255869	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Corrected Drilling information and top of cement as per opr.	5/3/2012 1:32:58 PM

Total: 1 comment(s)