FORM 5			
DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

Document Number:

400292356

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

1. OGCC Operator Number: 47120

4. Contact Name: Eric Jansen

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6412

3. Address: P O BOX 173779

Fax: (720) 929-7412

City: DENVER   State: CO   Zip: 80217-

5. API Number   05-123-34869-00

6. County: WELD

7. Well Name: GOBBLER   Well Number: 16N-27HZ

8. Location: QtrQtr: NENE   Section: 22   Township: 2N   Range: 66W   Meridian: 6

Footage at surface: Distance: 300 feet Direction: FNL   Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.130086   As Drilled Longitude: -104.756260

GPS Data:

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

** If directional footage at Top of Prod. Zone   Dist.: 796 feet. Direction: FNL   Dist.: 541 feet. Direction: FEL

Sec: 22   Twp: 2N   Rng: 66W

** If directional footage at Bottom Hole   Dist.: 490 feet. Direction: FNL   Dist.: 541 feet. Direction: FEL

Sec: 22   Twp: 2N   Rng: 66W

9. Field Name: WATTENBERG   10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/23/2012 13. Date TD: 04/01/2012 14. Date Casing Set or D&A: 04/06/2012

15. Well Classification:

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

16. Total Depth   MD 16974   TVD** 7337   17 Plug Back Total Depth   MD 16974   TVD** 7737

18. Elevations   GR 5077   KB 5102   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:

PRELIMINARY FORM 5

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	13+1/2	9+5/8	36	0	1,038	810	0	1,038	CALC
1ST	8+3/4	7+0/0	26	837	7,724	710	837	7,724	CALC
1ST LINER	6+1/4	4+1/2	11.6	6955	16,959				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	
SHARON SPRINGS	7,204		☐	☐	
NIOBRARA	7,278		☐	☐	

Comment:

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

Signed: _____   Print Name: Eric Jansen

Title: Regulatory Specialist   Date: _____   Email: eric.jansen@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
400292442	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
400292443	Directional Survey **	Yes ☒ No ☐
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒
Other Attachments		
400292445	DIRECTIONAL DATA	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)