

FORM
5Rev
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:

400316565

Date Received:

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: 47120

4. Contact Name: JOEL MALEFYT

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

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34827-00

6. County: WELD

7. Well Name: GOBBLER

Well Number: 37N-E22HZ

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

Footage at surface: Distance: 400 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 40.129812 As Drilled Longitude: -104.760969

GPS Data:

Data of Measurement: 05/23/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 785 feet. Direction: FNL Dist.: 1490 feet. Direction: FEL

Sec: 22 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 488 feet. Direction: FSL Dist.: 1503 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) 04/23/2012 13. Date TD: 05/08/2012 14. Date Casing Set or D&A: 05/18/2012

15. Well Classification:

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

16. Total Depth MD 11741 TVD** 7312 17 Plug Back Total Depth MD 11725 TVD** 7296

18. Elevations GR 5052 KB 5068

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; CS-NGR; NFE-GR; LPLOT VH

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	1,008	750	16	1,008	CALC
1ST	8+3/4	7	26	0	7,738	740	1,370	7,738	CBL
1ST LINER	6+1/8	4+1/2	11.6	6643	11,726				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	7,305		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,410		<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: JOEL MALEFYTTitle: REGULATORY ANALYST

Date: _____

Email: JOEL.MALEFYT@ANADARKO.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400316578	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400316580	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>					
400316581	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)