

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:

400413057

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 05-123-35031-00

6. County: WELD

7. Well Name: SADDLEBACK

Well Number: 6-29X

8. Location: QtrQtr: NWNW Section: 29 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 1311 feet Direction: FNL Distance: 1216 feet Direction: FWL

As Drilled Latitude: 40.113028 As Drilled Longitude: -104.919450

GPS Data:

Data of Measurement: 09/05/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1989 feet. Direction: FNL Dist.: 2027 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1989 feet. Direction: FNL Dist.: 2027 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 67W

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) 07/22/2012 13. Date TD: 07/25/2013 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 8328 TVD** 8226 17 Plug Back Total Depth MD 3885 TVD** 3815

18. Elevations GR 5016 KB 5031

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:

LOGS TO BE SUBMITTED WITH THE 01 WELLBORE.

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	8+5/8	24	0	881	690	0	881	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/21/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	OPEN HOLE		175	3,885	4,185
NON CEMENT SQUEEZE	OPEN HOLE		215	4,178	4,834
NON CEMENT SQUEEZE	OPEN HOLE		100	7,275	7,806

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Formation tops and logs will be submitted with the form 5 for the 01 wellbore.

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

Signed: _____

Print Name: JOEL MALEFYT

Title: REGULATORY ANALYST

Date: _____

Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400415206	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"/>
Other Attachments			
400415205	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415207	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415208	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)