

**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:

400422671

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 05-123-36238-00

6. County: WELD

7. Well Name: SPARBOE

Well Number: 8N-3HZ

8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 228 feet Direction: FNL Distance: 739 feet Direction: FEL

As Drilled Latitude: 40.101629 As Drilled Longitude: -104.643141

GPS Data:

Date of Measurement: 03/04/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 718 feet. Direction: FNL Dist.: 763 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2107 feet. Direction: FNL Dist.: 751 feet. Direction: FEL

Sec: 3 Twp: 1N Rng: 65W

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) 11/28/2012 13. Date TD: 02/12/2013 14. Date Casing Set or D&A: 02/15/2013

15. Well Classification:

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

16. Total Depth MD 14214 TVD** 7063 17 Plug Back Total Depth MD 1490 TVD** 7063

18. Elevations GR 4970 KB 4995

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:

GR/GR-RES/MUD

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	0	1,856	806	25	1,856	CALC
1ST	8+3/4	7	26.0	0	7,466	639	1,242	7,466	CALC
1ST LINER	6+1/8	4+1/2	11.6	6379	14,199				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	7,027		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,255		<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>					
400422674	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400422673	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400422676	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422680	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422682	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422683	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422770	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400423207	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)