

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:

400503886

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: 2800 4. Contact Name: JOEL MALEFYT
2. Name of Operator: ANADARKO E&P ONSHORE LLC Phone: (720) 929-6828
3. Address: PO BOX 173779 Fax: (720) 929-7828
City: DENVER State: CO Zip: 80217

5. API Number 05-123-31711-00 6. County: WELD
7. Well Name: HUTCHISON Well Number: 9-67-3-7
8. Location: QtrQtr: SWNE Section: 3 Township: 9N Range: 67W Meridian: 6
Footage at surface: Distance: 2511 feet Direction: FNL Distance: 2228 feet Direction: FEL
As Drilled Latitude: 40.776472 As Drilled Longitude: -104.875728

GPS Data:

Data of Measurement: 07/14/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2559 feet. Direction: FNL Dist.: 2375 feet. Direction: FEL
Sec: 3 Twp: 9N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2559 feet. Direction: FNL Dist.: 2375 feet. Direction: FEL
Sec: 3 Twp: 9N Rng: 67W

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) 09/29/2010 13. Date TD: 10/03/2010 14. Date Casing Set or D&A:

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8606 TVD** 8603 17 Plug Back Total Depth MD 8594 TVD** 8591

18. Elevations GR 5549 KB 5563

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; SD, DSN, ACTR

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	11	8+5/8	24	0	1,350	260	0	1,350	VISU
1ST	7+7/8	4+1/2	11.6	0	8,639	1,190	530	8,639	CBL

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	
SUSSEX	4,764		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,583		<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 MALEFYT

Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400503888	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400503889	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>			
400503907	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)