State of Colorado
Oil and Gas Conservation Commission

FORM 5
Rev 02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:
400503919

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: 2800
2. Name of Operator: ANADARKO E&P ONSHORE LLC
3. Address: PO BOX 173779
   City: DENVER   State: CO   Zip: 80217

4. Contact Name: JOEL MALEFYT
   Phone: (720) 929-6828
   Fax: (720) 929-7828

5. API Number 05-123-31811-00
6. County: WELD
7. Well Name: HOBART   Well Number: 8-67-1-11
8. Location: QtrQtr: NESW   Section: 1   Township: 8N   Range: 67W   Meridian: 6
   Footage at surface: Distance: 2020 feet Direction: FSL   Distance: 2212 feet Direction: FWL
   As Drilled Latitude: 40.688973   As Drilled Longitude: -104.840757

GPS Data:
   Data of Measurement: 07/14/2011   PDOP Reading: 2.1   GPS Instrument Operator's Name: Renee Doiron

   ** If directional footage at Top of Prod. Zone   Dist.: 1920 feet. Direction: FSL   Dist.: 2278 feet. Direction: FWL
       Sec: 1   Twp: 8N   Rng: 67W
   ** If directional footage at Bottom Hole   Dist.: 1920 feet. Direction: FSL   Dist.: 2278 feet. Direction: FWL
       Sec: 1   Twp: 8N   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) 09/18/2010 13. Date TD: 09/26/2010 14. Date Casing Set or D&A:

15. Well Classification:
   ☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8295   TVD** 8293   17 Plug Back Total Depth MD 8208   TVD** 8206

18. Elevations GR 5348   KB 5362   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	1,027	185	0	1,027	VISU
1ST	7+7/8	4+1/2	11.6	0	8,283	1,325	0	8,283	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	4,408		☐	☐	
NIOBRARA	7,192		☐	☐	

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 ?			

Attachment Checklist

Att Doc Num	Document Name				
400503924	CMT Summary *	Yes ☒		No ☐	
	Core Analysis	Yes ☐		No ☒	
400503925	Directional Survey **	Yes ☒		No ☐	
	DST Analysis	Yes ☐		No ☒	
	Logs	Yes ☐		No ☒	
	Other	Yes ☐		No ☒	

Other Attachments

Att Doc Num	Document Name				
400503945	DIRECTIONAL DATA	Yes ☒		No ☐	

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)