


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109				DE	ET	OE	ES
	<b>DRILLING COMPLETION REPORT</b>							
	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: <u>47120</u> 2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>REBECCA HEIM</u> Phone: <u>(720) 929-6361</u> Fax: <u>(720) 929-7361</u>
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5. API Number <u>05-123-07389-00</u> 7. Well Name: <u>JOHN E. SARCHET UNIT</u> 8. Location:    QtrQtr: <u>SWSW</u> Section: <u>22</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u> Footage at surface:    Distance: <u>990</u> feet    Direction: <u>FSL</u> Distance: <u>990</u> feet    Direction: <u>FWL</u> As Drilled Latitude: <u>40.206027</u> As Drilled Longitude: <u>-104.769496</u>	6. County: <u>WELD</u> Well Number: <u>1</u>
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GPS Data:

Date of Measurement: 07/15/2007    PDOP Reading: 3.5    GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone    Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_    Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_    Twp: \_\_\_\_\_    Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole    Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_    Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_    Twp: \_\_\_\_\_    Rng: \_\_\_\_\_

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
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11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) <u>01/11/1972</u>	13. Date TD: _____
14. Date Casing Set or D&A: _____	

15. Well Classification:

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

16. Total Depth    MD <u>7980</u> TVD** _____	17 Plug Back Total Depth    MD <u>7940</u> TVD** _____
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18. Elevations    GR <u>4922</u> KB <u>493</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

20. Casing, Liner and Cement:

<b>CASING</b>									
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	575	575	0	575	CALC

<b>STAGE/TOP OUT/REMEDIAL CEMENT</b>									
Cement work date: <u>08/01/2014</u>									

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	SURF	7,979	390	3,990	5,000
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:

FORM 5 FOR REMEDIAL CEMENT JOB

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

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM

Title: SR. REGULATORY ANALYST Date: \_\_\_\_\_ Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400665979	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400665976	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400665977	GYRO SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400665978	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400665980	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400665981	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)