

**FORM  
5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400087971

**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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31427-00 6. County: WELD  
7. Well Name: HOUSTON STATE Well Number: 31-16  
8. Location: QtrQtr: SWNW Section: 16 Township: 3N Range: 67W Meridian: 6  
Footage at surface: Direction: FNL Distance: 1756 Direction: FWL Distance: 499  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_  
GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_  
\*\* If directional footage  
at Top of Prod. Zone Distance: 1261 Direction: FNL Distance: 35 Direction: FWL  
at Bottom Hole Distance: 1249 Direction: FNL Distance: 42 Direction: FWL  
9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number: 72/2162-S

12. Spud Date: (when the 1st bit hit the dirt) 08/03/2010 13. Date TD: 08/05/2010 14. Date Casing Set or D&A: 08/06/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7325 TVD 7252 17 Plug Back Total Depth MD 7260 TVD 718718. Elevations GR 4773 KB 4788 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:

PRELIMINARY FORM 5

20. Casing, Liner and Cement:

### CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| SURF        | 12+1/4       | 8+5/8          | 24#             | 684           | 430          | 684           | 0          |
| 1ST         | 7+7/8        | 4+1/2          | 11.6#           | 7,297         | 805          | 7,297         | 585        |

### REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

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                    |   |
| PARKMAN        | 3,592          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,118          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 4,578          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,871          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,129          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,151          |        | <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: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

| Att Doc Num | Name               | Doc Description                                |
|-------------|--------------------|--|
| 400087973   | DIRECTIONAL SURVEY | Anadarko - Houston State 31-16 p1 vs final.pdf |
| 400087974   | CMT SUMMARY        | HOUSTON ST 31-16 SURF CMT TKT.PDF              |

Total Attach: 2 Files