

**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



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**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.

Document Number:

400093930

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 05-123-13096-00 6. County: WELD  
7. Well Name: HATCH UPRR Well Number: 31-11#3  
8. Location: QtrQtr: NWNE Section: 11 Township: 3N Range: 66W Meridian: 6  
Footage at surface: Direction: FNL Distance: 860 Direction: FEL Distance: 2040  
As Drilled Latitude: 40.244383 As Drilled Longitude: -104.742361

## GPS Data:

Data of Measurement: 09/18/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: Cody Mattson

## \*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 09/02/1986 13. Date TD: 09/08/1986 14. Date Casing Set or D&A: 09/09/1986

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7491 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7484 TVD \_\_\_\_\_18. Elevations GR 4921 KB 4932

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-CCL-CB-VDL-SML run 8/4/10.  
SBL-GR-CCL run 8/10/10.

## 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	601	375	601	0
1ST	7+7/8	4+1/2	15.1	7,484	225	7,484	6,000

### ADDITIONAL CEMENT

Cement work date: 08/06/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,450	200	6,360	6,460

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	4,656		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,073		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,350		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,370		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,431		<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
400095395	CMT SUMMARY	HATCH UPRR 31-11 #3 Cement Ticket 8-6-10.pdf

Total Attach: 1 Files