

**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:

400104613

**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 05-123-31006-00 6. County: WELD  
7. Well Name: BURCHFIELD STATE Well Number: 23-16  
8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 67W Meridian: 6  
Footage at surface: Direction: FSL Distance: 1944 Direction: FEL Distance: 2052  
As Drilled Latitude: 40.223885 As Drilled Longitude: -104.893531

## GPS Data:

Data of Measurement: 10/13/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 1326 Direction: FSL Distance: 2709 Direction: FEL  
Sec: 16 Twp: 3N Rng: 67W  
at Bottom Hole Distance: 1328 Direction: FSL Distance: 2703 Direction: FEL  
Sec: 16 Twp: 3N Rng: 67W

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) 08/19/2010 13. Date TD: 08/22/2010 14. Date Casing Set or D&A: 08/23/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7763 TVD 7661 17 Plug Back Total Depth MD 7703 TVD 760118. Elevations GR 4934 KB 4949

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  
No openhole logs run

## 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	675	550	675	0
1ST	7+7/8	4+1/2	11.6	7,755	1,010	7,755	6,175

### ADDITIONAL 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	
SUSSEX	4,103		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,601		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,170		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,603		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Bridged out @ 1763' & 1564'; no openhole logs run

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
400104631	DIRECTIONAL SURVEY	Anadarko - Burchfield State 23-16 p1 vs final.pdf
400104632	CMT SUMMARY	BURCHFIELD ST 23-16 SURF CMT TKT.PDF

Total Attach: 2 Files