

**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:

400110311

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 47120

4. Contact Name: Kenny Trueax

2. Name of Operator: KERR-MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6383

3. Address: P O BOX 173779

Fax: (720) 929-7383

City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31274-00

6. County: WELD

7. Well Name: NRC

Well Number: 37-9

8. Location: QtrQtr: SWSE Section: 9 Township: 1N Range: 67W Meridian: 6

Footage at surface: Direction: FSL Distance: 1055 Direction: FEL Distance: 1499

As Drilled Latitude: 40.061176 As Drilled Longitude: -104.891677

## GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 41 Direction: FSL Distance: 1332 Direction: FEL

Sec: 9 Twp: 1N Rng: 67W

at Bottom Hole Distance: 40 Direction: FSL Distance: 1322 Direction: FEL

Sec: 9 Twp: 1N Rng: 67W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/05/2010 13. Date TD: 10/08/2010 14. Date Casing Set or D&amp;A: 10/09/2010

## 15. Well Classification:

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

16. Total Depth MD 8396 TVD 8262 17 Plug Back Total Depth MD 5919 TVD 5785

18. Elevations GR 5026 KB 5041

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 Top	Cement Bot	Status
SURF	12+1/4	8+5/8	24#	1,015	640	0	1,015	CALC
1ST	6+3/4	4+1/2	11.6#	8,386	545	815	8,386	CBL

### ADDITIONAL CEMENT

Cement work date: 10/10/2010

Details of work:

Bottom of 1st stage 8386' & 140 sacks cement

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,920	405	815	5,920

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	4,710		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,458		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,784		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,806		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,248		<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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: kenny.trueax@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
400110344	DIRECTIONAL SURVEY
400110346	CEMENT JOB SUMMARY

Total Attach: 2 Files