

**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:

400087168

**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 &amp; 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 05-123-31263-00

6. County: WELD

7. Well Name: NRC

Well Number: 23-9

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

Footage at surface: Direction: FSL Distance: 1031 Direction: FWL Distance: 967

As Drilled Latitude: 40.061109 As Drilled Longitude: -104.901656

## GPS Data:

Data of Measurement: 08/04/2010 PDOP Reading: 4.6 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 1324 Direction: FSL Distance: 2596 Direction: FWL

at Bottom Hole Distance: 1314 Direction: FSL Distance: 2595 Direction: FWL

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) 07/13/2010 13. Date TD: 07/16/2010 14. Date Casing Set or D&amp;A: 07/18/2010

## 15. Well Classification:

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

16. Total Depth MD 8644 TVD 8313 17 Plug Back Total Depth MD 8589 TVD 8258

18. Elevations GR 5052 KB 5069

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#	1,010	640	1,010	0
1ST	7+7/8	4+1/2	11.6#	8,625	954	8,625	920

### 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	3,406		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,967		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,691		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,063		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,512		<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: 8/24/2010 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
400087168	FORM 5 SUBMITTED	LF@2528622 400087168
400087173	DIRECTIONAL SURVEY	LF@2528623 400087173
400087174	CMT SUMMARY	LF@2528624 400087174

Total Attach: 3 Files