

**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:

400121098

**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 05-123-31546-00 6. County: WELD  
7. Well Name: COTTONWOOD Well Number: 9-33  
8. Location: QtrQtr: SESE Section: 33 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 800 feet Direction: FSL Distance: 725 feet Direction: FEL  
As Drilled Latitude: 40.089545 As Drilled Longitude: -104.775301

## GPS Data:

Data of Measurement: 12/30/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 2111 feet Direction: FSL Distance: 520 feet Direction: FEL  
Sec: 33 Twp: 2N Rng: 66W  
at Bottom Hole Distance: 2116 feet Direction: FSL Distance: 509 feet Direction: FEL  
Sec: 33 Twp: 2N Rng: 66W

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) 11/16/2010 13. Date TD: 11/21/2010 14. Date Casing Set or D&A: 11/22/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8314 TVD 8115 17 Plug Back Total Depth MD 8273 TVD 807418. Elevations GR 4987 KB 5001

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#             | 993           | 620          | 0          | 993        | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6#           | 8,305         | 1,190        | 792        | 8,305      | CALC   |

### ADDITIONAL CEMENT

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

Details of work: \_\_\_\_\_

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

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         | 4,695          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,359          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,651          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,675          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 8,121          |        | <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               |
|-------------|--------------------|
| 400121101   | DIRECTIONAL SURVEY |
| 400121102   | CEMENT JOB SUMMARY |

Total Attach: 2 Files

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)