

**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:

400140293

**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 05-123-32033-00 6. County: WELD  
7. Well Name: RIVERBEND Well Number: 5-18  
8. Location: QtrQtr: SWNE Section: 13 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 2045 feet Direction: FNL Distance: 1707 feet Direction: FEL  
As Drilled Latitude: 40.052723 As Drilled Longitude: -104.835833

## GPS Data:

Data of Measurement: 01/25/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 1967 feet Direction: FNL Distance: 668 feet Direction: FWL  
Sec: 18 Twp: 1N Rng: 67W  
at Bottom Hole Distance: 1965 feet Direction: FNL Distance: 672 feet Direction: FWL  
Sec: 18 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) 11/20/2010 13. Date TD: 11/23/2010 14. Date Casing Set or D&A: 11/25/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8390 TVD 7865 17 Plug Back Total Depth MD 8347 TVD 782218. Elevations GR 4917 KB 4934

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:

P/E AILC-CNLD-TC-CV; CBL

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	928	580	0	928	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,377	1,080	552	8,377	CBL

### 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	5,273		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	6,022		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,642		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,976		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,998		<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

### Attachment Check List

Att Doc Num	Name
400140299	DIRECTIONAL SURVEY
400140300	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)