

**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:

400143992

**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 05-123-31326-00 6. County: WELD  
7. Well Name: NRC Well Number: 5-9  
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1178 feet Direction: FWL  
As Drilled Latitude: 40.069145 As Drilled Longitude: -104.900907

## GPS Data:

Data of Measurement: 09/03/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FNL Dist.: 656 feet. Direction: FWL  
Sec: 9 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1991 feet. Direction: FNL Dist.: 661 feet. Direction: FWL  
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) 07/25/2010 13. Date TD: 07/29/2010 14. Date Casing Set or D&A: 07/30/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8595 TVD\*\* 8529 17 Plug Back Total Depth MD 8106 TVD\*\* 804018. Elevations GR 5021 KB 5038

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:

CD-CN-ML, DI-GL-GR; 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	1,010	640	0	1,010	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,583	155	6,480	8,583	CBL

### ADDITIONAL CEMENT

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

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,740	660	1,000	5,780

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	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,756		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,417		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,721		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,742		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,180		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,363		<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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400143996	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400143995	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

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

Total: 0 comment(s)