

FORM  
5  
Rev  
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

400147499

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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21144-00 6. County: WELD  
7. Well Name: WAGNER Well Number: 5-13A  
8. Location: QtrQtr: SWNW Section: 13 Township: 2N Range: 67W Meridian: 6  
Footage at surface: Distance: 2167 feet Direction: FNL Distance: 578 feet Direction: FWL  
As Drilled Latitude: 40.139280 As Drilled Longitude: -104.846420

GPS Data:

Data of Measurement: 11/21/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: 2167 feet. Direction: FNL Dist.: 578 feet. Direction: FWL  
Sec: 13 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2167 feet. Direction: FNL Dist.: 578 feet. Direction: FWL  
Sec: 13 Twp: 2n Rng: 67W

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) 12/17/2002 13. Date TD: 12/23/2002 14. Date Casing Set or D&A: 01/17/2003

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7985 TVD\*\* 7980 17 Plug Back Total Depth MD 7969 TVD\*\* 7964

18. Elevations GR 4870 KB 4882

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:

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             | 649           | 455       | 0       | 649     | CALC   |
| 1ST         | 7+1/2        | 4+1/2          | 11.6# | 0             | 4,870         | 250       | 3,750   | 4,870   | CBL    |
| 2ND         | 7+1/2        | 4+1/2          | 11.6# | 0             | 7,984         | 150       | 6,665   | 7,984   | CBL    |

ADDITIONAL CEMENT

Cement work date: 02/23/2011

Details of work:

There were 3 squeeze holes shot @ 3056'. Cement from 2150'-3050'.

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE     | 1ST    | 3,050                             | 200           | 2,150      | 3,050         |

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         | 4,320          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,139          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,381          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,402          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 7,840          |        | <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: CARA MAHLER

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                   |  |
|-----------------------------|-----------------------|------------------------------|--|
| <u>Attachment Checklist</u> |                       |                              |  |
|                             | CMT Summary *         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400147745                   | Logs                  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | Other                 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)